

Elsass Academy Westlake

Summer Camp Registration Form 2018

Name: _____ DOB: ____ / ____ / _____

T-Shirt size (circle one): S (6-8) M (10-12) L (14-16) XL (18-20) youth sizes only

Camp T-Shirts are required to be worn on all Traveling Fieldtrips. A T-Shirt rental fee will be billed to your account for any forgotten shirts the day of your child's fieldtrip event.



Check dates attending:

Westlake Camp (5 – 7 years) | Cost: \$950 per term

_____ Term 1 *Tues.* May 29 – Fri. June 22

_____ Term 2 Mon. June 25 – Fri. July 20

_____ Term 3 Mon. July 23 – Fri. August 17

Switch Camp (8 – 11 years) | Cost: \$1,000 per term

_____ Term 1 *Tues.* May 29 – Fri. June 22

_____ Term 2 Mon. June 25 – Fri. July 20

_____ Term 3 Mon. July 23 – Fri. August 17

Please drop your completed **Packet** (Registration, Release and Enrollment forms) along with your deposit to the office or mail to: Elsass Academy Westlake - 4015 Bee Caves Rd. - Austin, TX 78746

Special Notes:

- Registration will begin **February 15th** for current After School Care/Dragonfly students only and **March 1st** for the General Public.
- Spaces are limited in each camp and are filled on a first-come, first-serve basis.
- Spaces cannot be held until a \$100 deposit per term per child has been received.

This deposit fee is non-refundable & non-transferable and will be applied towards your term balance.

- We are unable to prorate for missed days of camp due to illness, vacation, etc.
- You will receive a confirmation email in May with additional information about each term of summer camp.
- **The remainder of term balances are due on the following dates:**
 - Term 1 *May 1st*
 - Term 2 *June 1st*
 - Term 3 *July 2nd*
- All balances not received by the above dates will result in loss of reserved camp space and deposit fee for that term.



Elsass Academy Westlake 2018-2019 School Age Program Enrollment Form



First Child's Info (please print)

Last:	First:	Child's Sex (Circle One) M / F	Date of Birth: / /
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Allergies and Illnesses: List any conditions that your child may have, such as allergies, existing or previous serious illness, injuries during the past year, any medications prescribed for long-term continuous use, and any other information which staff should be aware of:

Second Child's Info (please print)

Last:	First:	Child's Sex (Circle One) M / F	Date of Birth: / /
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Allergies and Illnesses: List any conditions that your child may have, such as allergies, existing or previous serious illness, injuries during the past year, any medications prescribed for long-term continuous use, and any other information which staff should be aware of:

Mother's Information		Father's Information	
Last:	First:	Last:	First:
Address:		Address:	
City:	State:	Zip:	
City:	State:	Zip:	
Home #: ()	<i>(Please asterisk by best contact number)</i>	Home #: ()	<i>(Please asterisk by best contact number)</i>
Work #: ()	Place of Employment:	Work #: ()	Place of Employment:
Cell #: ()		Cell #: ()	
Email:		Email:	

Primary Emergency Contact: Please provide the name, address and phone number of the primary person to call in case of an emergency if parents / legal guardians cannot be reached:

Name: _____ **Address:** _____ **Phone Number:** _____ **Relationship to Child:** _____

Authorized Pick Ups: In addition to parents/legal guardians and the above Emergency Contact, I hereby authorize Elsass Academy Westlake to allow my child to leave the facility with the following persons:

Name: _____ **Phone Number:** _____ **Relationship to Child:** _____

- 1.
- 2.
- 3.
- 4.

Emergency Medical Attention: In the event I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the following:

Physician: _____ Address: _____ Phone #: _____

Hospital: _____ Address: _____ Phone #: _____

*Initial Here _____ **I give consent for Elsass Academy Westlake to secure any and all necessary emergency medical care for my child.**

First Child's School Information:

2018-19 Grade Level: _____ Child's School: _____ Phone Number: _____

Second Child's School Information:

2018-19 Grade Level: _____ Child's School: _____ Phone Number: _____

Immunization Record:

I certify that my school-age child's immunization record is current and on file at the Elementary School listed above. I acknowledge that my child has been seen by his/her pediatrician within the past calendar year and is free of any illness or condition that would limit his/her participation in any School Age program at Elsass Academy Westlake/Crenshaw Athletic Club.

Check All That Apply:

Transportation: I hereby give do not give— my consent for my child to be transported and supervised by Elsass—
 on field trips from school to/from Crenshaw's for emergency care

Field Trips: I hereby give do not give— my consent for my child to participate in field trips.

Water Activities: I hereby give do not give— my consent for my child to participate in the following water activities:
 Sprinkler play splashing/wading pools swimming pools other bodies of water provided

Media Release: I hereby give do not give— permission for my child's name, picture, art, written work, voice, verbal statement or portraits (video or still) to appear in Elsass Academy Westlake/Crenshaw Athletic Club classrooms, publications, videos or on the school's website. If consent is granted, we will notify you prior to using any image or statement regarding your child.

Communication: I hereby give do not give— permission to release my contact information to be used by Elsass Academy Westlake for communication purposes such email notifications/reminders, newsletters, etc.

Parent Contact: I hereby give do not give— permission to provide my contact information to other parents of Elsass Academy Westlake for play dates, birthday parties, keeping in contact, etc.

Nutrition Policy: Elsass Academy Westlake does not provide lunch for students. I understand that:

- as a parent/legal guardian, I am responsible for meeting the daily nutritional needs of my child.
- Elsass Academy Westlake is not responsible for meeting my child's daily nutritional requirements.

School Age Program Policies:

I understand that:

- It is required by State Licensing Regulations for my child to be signed in / out each day.
- It is my responsibility to contact Elsass Academy Westlake by phone or email at least one hour prior to bus pick-up if my child will not be picked up by Elsass for After School Care that day. Additionally, I understand there is a **No-Call Fee of \$25** each time I do not properly notify Elsass.
- After School Care hours are from 2:45 p.m. to 6:30 p.m. Camp hours are from 7:00 a.m. to 6:30 p.m.** Elsass Academy Westlake closes at 6:30 p.m. daily and my child should be picked up by this time each day. I understand there is a **Late Pick Up Fee of \$1 per minute** that is to be paid directly to the supervising teacher if my child is picked up late.

Parent Handbook and Operational Polices:

By checking this box, I acknowledge that I have received a copy of the Parent Handbook and Operational Polices. I confirm that I have read, understand and agree to abide by these policies.

By signing below, I am acknowledging the above information is correct and I have read all of the policies on this page and agree to abide by them:

Signature of Parent/Legal Guardian: _____ Date: _____



Elsass Academy Westlake Release Form



Student Name: _____

Please Read and Sign:

All precautions will be taken to prevent injuries. Simple first aid will be administered to all minor injuries and parents and/or doctors will be called when necessary. However, in the event that arrangements must be made for emergency medical attention at the time of illness or accident, I hereby authorize Elsass Academy/Crenshaw Athletic Club to take my child to _____ Hospital. In return for the use, today and on all future dates, of the property, facilities and services (the "Facilities") of Elsass Academy/Crenshaw Athletic Club ("Elsass" or "Crenshaws"), the undersigned, for himself/herself, and on behalf of his/her children, heirs, assigns, and legal representatives, hereby expressly agrees to:

- (1) ASSUME any and all risks to self and/or my/our children involved in or arising from the use of or presence upon the facilities, including, without limitation, the risk of bodily injury, property damages or death. I/we are fully aware of and understand the risk of catastrophic injury, paralysis, and even death as well as other damages and losses associated with the participation at Elsass/Crenshaws and/or being on the facilities.
- (2) RELEASE Elsass/Crenshaws and all of its successors, assigns, subsidiaries, officers, directors, employees, and agents from, and agree not to sue them on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of my/our or my/our child's use of or presence upon the facilities, including, without limitation, those based on death, bodily injury or property damages; whether or not caused by the negligence or other fault of Elsass/Crenshaws, of its agents, employees, or servants, whether paid or volunteers.
- (3) INDEMNIFY, hold harmless, and defend, at my/our own cost, Elsass/Crenshaws, its agents, employees and servants from any and all liability, damages, losses, claims, judgments, costs or expenses, including attorney's fees, which in any way arises from my/our or my/our child's use of or presence upon the facilities, irrespective of whether such liability, damages, losses, claims, judgments, costs or expenses were actually or allegedly caused wholly or in part through the negligence of Elsass/Crenshaws or any of its agents, employees or servants, whether paid or volunteers.

I have read and understand this assumption of risk, release and indemnification agreement and agree to abide by its terms. I understand a copy of this agreement will be made available for me at my request.

Legal Guardian Signature: _____ Date: _____