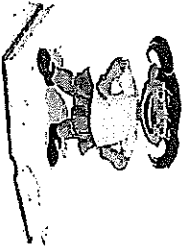


CAMP EXTENDED DAY GUIDELINES:



I have read over the Camp Extended Day Guidelines and I agree to the payment schedule and procedures outlined. I agree to keep my child(ren) home if they are ill, and will be expected to pick my child(ren) up if they become ill. Child(ren) will not be sent back to Camp Extended Day until they are well enough to participate in enrichment activities and field trips.

I have attached a \$25.00 registration fee and I understand that the \$100 field trip fee is due on the first day my child attends camp. Also, I will pay for insurance, or provide a copy of verification of insurance per child.

Payments are made only for days attended. To assist in planning a quality program for your child(ren) please indicate below your scheduled vacation days.

Registration, field trip fees, and insurance payment or proof of insurance is needed by the first day of attendance. A copy of coverage is needed for our records.

Parent/Guardian Signature _____ Date _____



Thank you for entrusting your child(ren) with our program.



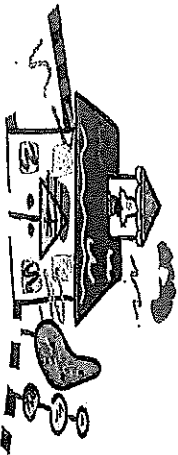
Decatur City Schools

Camp Extended Day Summer Program

Julian Harris Elementary

May 30, 2017 thru August 10, 2017

6:30 a.m. to 6:00 p.m.



Camp Extended Day Weekly Fees:

Registration Fee: \$25.00 (Non-Refundable)
 Trip/Supply Fees: \$100.00 (Non-refundable)

1 Day	\$30.00
2 Days	\$45.00
3-5 Days	\$85.00

discounted rates for more than 1 child
 Need Proof of Insurance or School Insurance can be provided.
 Prices for School Insurance are as follows:
 \$15.00 (Full-time)
 \$ 7.00 (Part-time)

9 month DCS employees - \$15 for a PD day or work day
 10 to 12 month DCS employees - Call for rate.

Camp Site: 256-552-4645
 Office Site: 256-552-3000, ext. 4231
 www.dcs.edu



The Camp Extended Day Summer Program is offered as a community service by the Decatur City School System. This program is intended to be a high quality enrichment experience, providing opportunities for growth and development in the physical, emotional, social, and intellectual areas of learning.

Summer camp is offered to children who are incoming kindergarten through incoming 6th grade. Due to limited space any children who are pre-k will have to be pre-approved to attend the camp. Space is filled on a first to register and pay a registration fee. (One registration fee per family) When the Camp Extended Day Program is at maximum capacity, parents may place their child (ren) on a waiting list. As openings occur, parents will be called on a first-come basis.

PAYMENTS MUST BE MADE ON A WEEKLY BASIS AND PRIOR TO RECEIVING PROGRAM SERVICES.

The program includes weekly field trips and outside activities. All children must participate, and some nominal fee may be required. Parents must provide a sack lunch and drink on Monday through Friday since the cafeteria is closed. A morning and afternoon snack and drink will be provided throughout the entirety of the camp. Parents may provide their child(ren) with an extra snack if desired.

All children in the program must have insurance coverage. A copy of the insurance card must be included with the registration form or insurance must be purchased via the program.

Children must be registered as full-time or part-time students. Charges for late pickups are \$10.00 for first 5 minutes and \$1.00 each additional minute after 6:00 p.m. If this practice continues, termination of services could result. Decatur City Schools now collects for returned checks through an Automatic Check Recovery System. A recovery fee of \$30.00 will be assessed on ALL returned checks and may be debited from your checking account electronically. _____



Please direct any questions to:

Dr. Rachel Poovey, Extended Day Program Director

Elissa Taylor, Assistant Director
Sarah Wingo, Bookkeeper
 302 4th Avenue, NE
 Decatur, Alabama 35601
 256-552-3000, ext. 4231
 Email: rachel.poovey@dcs.edu



**Camp Extended Day Summer Program
 Registration Form
 Julian Harris Elementary School**

Part-Time or Full-Time Student (Circle one.)

Child's Name: _____
 Street Address: _____
 Birthdate: _____ School _____
 Grade Completed: _____
 Parent/Guardian: _____ Phone Number: _____
 Father's Employment: _____ Phone Number: _____
 Mother's Employment: _____
 Family Cell Phone Numbers: _____
 Doctor's Name: _____ Phone Number: _____
 Hospital Choice: _____

Days Camp Care is Required (circle all that apply):
 Mon. Tues. Wed. Thurs. Fri.

Approximate Pick-up Time: _____
 Names of Siblings: _____
 Persons allowed to pick up child(ren) other than parents: _____
 Emergency Contact Names and Phone Numbers: _____
 Known Medical Conditions: _____
 Special Information/Comments: _____
 _____ I am a DCS employee.

Make Checks Payable to Decatur City Schools