



# Registration Form

## 2017 Summer Camps

Please make checks payable to:  
Mail completed forms and deposit to:

**Time to Shine Preschool**  
1867 Lake Pine Dr.  
Cary, NC 27511

Contact us at **Camps@TimetoShinePreschool.com** with any questions.

### CHILD'S INFORMATION

Child's Name (first/middle/last): \_\_\_\_\_ Name called: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Birth date: \_\_\_ / \_\_\_ / \_\_\_ Sex: M ( ) F ( )

### CAMP DATES

A \$50 **non-refundable** deposit is required for **EACH** week and should be included with the registration form. This is applied to the total camp fee listed below. We are offering a **sibling discount** of 10% off each additional child's fees when attending the same camp together (\$117/\$45).

\_\_\_\_\_ Bugs, Butterflies, & Bookworms STEAM Camp \$130 **Monday-Friday, July 10-14** 9am-12:30pm

\_\_\_\_\_ Storybook STEAM Camp \$130 **Monday-Friday, July 24-28** 9am-12:30pm

### FAMILY INFORMATION

**Mother's** name: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ ext. \_\_\_\_\_ Cell #: \_\_\_\_\_

**Father's** name: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ ext. \_\_\_\_\_ Cell #: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

(Providing an email address authorizes email communication about your child's programs)

### EMERGENCY CONTACT & YOUTH PICK UPS

If parent or guardian cannot be reached, the following person may act as an emergency contact and are authorized to pick up your child:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ ext. \_\_\_\_\_ Cell #: \_\_\_\_\_

### CHILD'S HEALTH HISTORY

Does child have any known health problems? Yes ( ) No ( ) If yes, attach documentation.

Does your child have any known allergies? Yes ( ) No ( ) If yes, what are they and what are your child's reactions: \_\_\_\_\_

Does your child take any medication on a regular basis? Yes ( ) No ( ) If yes, please list the name of the medication(s) and the medical condition for which it is taken: \_\_\_\_\_

Please comment on any other medical information/ or special need we should be aware of:

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## PROGRAM POLICIES

Please read each of the following policies and sign below to indicate your understanding of these policies.

### Waivers/Permissions:

1. **Photography** – I give Time To Shine Preschool and its employees permission to use for any lawful purpose my and/or my child's likeness, image, voice and/or appearance as such may be embodied in any pictures, drawings, renderings, photographs, video recordings, digital images or the like, with the understanding that my child's name will not be published.

I agree that Time to Shine Preschool has complete ownership of such pictures, etc., including by not limited to illustrations, bulletins, exhibitions, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including by not limited to the internet, television, radio, newspaper, magazines, social media sites (e.g. Facebook, Twitter, Flickr, etc.).

I also agree that Time to Shine Preschool has permission to release such pictures, etc. to the news media. I acknowledge that I will not receive any compensation or remuneration for the use of such pictures, etc. I understand that once such pictures, etc. are published to the media or on the internet, or are otherwise published, they may not be used in publications and/or on websites outside of Time to Shine Preschool control.

### Program Policies:

2. I understand that Time to Shine Preschool is not responsible for any personal items lost or stolen at our facilities.
3. **Closings** – In the event that the camp needs to be closed for the day (inclement weather, unavoidable repairs, etc.) you will be notified by email at the preferred email address given as early as possible. Refunds will be given at a prorated amount if any closings are required.
4. **Toilet Training** – Every student must be fully able to use the toilet and wash their hands without assistance. Our teachers cannot assist with toileting.

### Payment Policies:

5. **Late Pickup** – I agree to pick up my child no later than 10 minutes after the end of the camp day. After 10 minutes has passed, there will be a **\$3 charge for each additional minute** until I arrive.
6. **Late Payment** – I understand that tuition balance is due no later than the first day of the camp. Your child will not be allowed to attend the camp until full payment has been made.
7. **Registration Fee** – A non-refundable registration fee of **\$50 per camp week** is required to be submitted with this form to reserve your child's spot. This registration fee will be applied to the total camp fee.

8. **Insufficient Funds** – If my bank returns a draft or check, due to insufficient funds, immediate payment is required to keep my child's account up to date. I understand that I will be charged \$35 for each returned check. I will need to send cash, money order, or a certified check within 10 business days after I receive a notification letter from Time to Shine Preschool. Personal checks will no longer be accepted after the bank returns a check for any reason.

### Medical Treatment Policies:

9. **Medication** – Time to Shine Preschool does not normally administer any medication and will do so only when directed in writing by the child's parent or guardian. Medications must be in original containers with written instructions for dispensing. Do not send medication with your child. A parent or guardian must give the medication to staff. Notice: The staff of Time to Shine Preschool will not administer shots or medications that have to be inserted into body cavities. The one exception to the foregoing is EpiPen injections. When special circumstances exist, personnel from Time to Shine Preschool will be available to meet with the parent(s) or guardian(s) of the child in question and strive to develop through dialogue a mutually acceptable alternative way to make sure the medication requirements of the child are met.
10. **Blood Borne Pathogen Exposure** – I understand that, while my child is in the care of Time to Shine Preschool, if a child is exposed to a body fluid on broken skin or mucous membrane (e.g. splashing in mouth or eye) from another child, the staff will contact the parents of both children. They will explain what has occurred, and provide the name of the attending physician of the source child to parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, the name and telephone number of the child's attending physician will be provided to the staff member.

I have read and agree with the statement and specifically authorize Time to Shine Preschool to release the name and telephone number of my child's physician and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or to any staff member who experiences such an exposure from my child.

11. **Emergency** – In the event of an emergency in which the parent/guardian or listed emergency contacts cannot be reached, the staff of Time to Shine Preschool will contact emergency medical personnel and, pending their arrival, take those actions that are in the staff's judgment to be in the best interests of the child.

I have read, understand and agree with the policies as stated in this document. My signature below indicates that I agree to adhere to all policies and procedures of Time to Shine Preschool.

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(Signature of parent/guardian)

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(Date)