



Hillcrest Academy Summer Day Camp & Swim Registration Form 2023

Please Complete All Information On Both Sides Of This Form

(Please select all Camps your child will attend)

Four Week Camp Programs

- ☐ Summer Camp 3 – July 3rd Thru July 28th
- ☐ Summer Camp 4 – July 31st Thru August 25th

One Week Camp Programs

- ☐ Early Summer Camp 1 - June 19th Thru June 23rd
- ☐ Early Summer Camp 2 – June 26th Thru June 30th
- ☐ Late Summer Camp 5- August 28th Thru September 1st

(Please select the Program Type and Days your Child will attend)

Program Selection

- ☐ Extended Day Program 7:30 AM to 5:30 PM
- ☐ Full Day Program 8:30 AM to 3:30 PM

Days Selection

- ☐ 2 Days / Week
- ☐ 3 Days / Week
- ☐ 5 Days / Week

On The Following Days

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

Additional Hours

- ☐ Before Care (Morning) 6:30 am-7:30 am
- ☐ After Care (Evening) 5:30 pm-6:30 pm

Swim Lessons Program

- ☐ 2 Lessons / Week
- ☐ 3 Lessons / Week

Swim Lessons During

- ☐ July Camp
- ☐ August Camp

CHILD’S INFORMATION

Child’s Name: _____ Male / Female T-Shirt Size (Circle One): YS YM YL AS AM AL

Date of Birth: (MM/DD/YYYY) ____/____/____ Age at start of Camp: _____ Start Date: ____/____/____

Grade 2022: _____ Child’s Doctors Name: _____ Doctor’s Phone: _____

Medical Conditions/Allergies: _____

PARENT(S) / GUARDIAN INFORMATION

Parent/Guardian 1: _____ Parent 1 Signature _____ Parent 1 SSN: ____ - ____ - ____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Parent 1 Occupation: _____ Address of Business: _____ Business Phone: _____

Parent/Guardian 2: _____ Parent 2 Signature _____ Parent 2 SSN: ____ - ____ - ____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Parent 2 Occupation: _____ Address of Business: _____ Business Phone: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated

Custody* Information: _____

*Please note Hillcrest must have a certified copy of any court orders for us to abide by any parental restrictions.

EMERGENCY CONTACT / ALTERNATE PICKUP INFORMATION

PLEASE PROVIDE NAMES OF ADULTS AUTHORIZED TO PICK UP YOUR CHILD AND/OR CONTACT IN CASE OF EMERGENCY IF NEITHER PARENT IS AVAILABLE:

Name: _____ Relationship: _____ Phone: _____

Address: _____ Cell Phone: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ Cell Phone: _____

Enrollment (Please fill out all areas that apply, Initial and Sign where required)

Days and Hours Attending (Ex: Mon. 7³⁰ am / 5³⁰ pm)

Mon. ____/____ Tues. ____/____ Wed. ____/____ Thurs.____/____ Fri. ____/____

***Additional Hours (*Use this section for Early/Late Additional Hours Only)**
It is necessary to specify Early/Late Drop Off/Pickup times to ensure proper Student/Teacher Ratios.

Early Drop off time _____am Late Pick up time _____pm

Tuition and Fees

A tuition of \$_____ is due 5 business days in advance of the program begin date. No refund of tuition for absences, vacations or holidays due to teacher and camp counselor scheduling.

_____ (Initials) Tuition is payable in advance. Monthly tuition is due by the 25th of the previous to the program month. There is a 5 business day grace period, after which a 2.5% late fee will be billed. If payment is still not received after 10 business days, an additional 2.5% late fee will be charged and your child will be removed from the program and your child will be replaced with a camper from our waiting list.

_____ (Initials) Late fees of \$1.00 per minute will be charged for any late pickup after your child’s scheduled pickup time.

_____ (Initials) Any changes to schedule may result in a \$10 fee.

_____ (Initials) Two weeks written notice is required for any reduction in schedule or withdrawal from Hillcrest Academy. Any changes must be made in writing.

Payment / Registration Information

We cannot refund money due to family vacations, illness, holidays, etc. Payment is due for days and times registered. There are no exceptions. Please be advised that Hillcrest Academy requires two (2) weeks written notice should your child be leaving the program, you are responsible for a 2-week payment or payment through the end of your child’s scheduled program end, whichever is less. A 10% discount is given on additional attending siblings. ALL PAYMENTS ARE DUE FIVE DAYS PRIOR TO THE START OF YOUR CHILD’S CAMP SESSION. Please see the HCA Information Guide for Camp and Swim Program pricing. Swimming lessons are not included in the HCA Summer Camp Program price.

This registration form must be completed on *both sides* and returned with a non-refundable \$100.00 registration fee. There is a \$100.00 non-refundable deposit due for each 4 week session with this registration form. This deposit will be applied to your child’s tuition. Your child **is not** registered until the registration fee and deposits are paid.

Once registered, your child will receive their camp packet in the mail with information on what to bring to camp, a Trip Permission sign-off sheet and general information about the camp procedures. Your child will receive a newsletter from his/her teacher along with a list of special camp activities planned for each month.

Payment Default

THERE IS A \$35 RETURNED CHECK CHARGE ON ALL CHECKS RETURNED BY THE BANK. RETURNED CHECKS CANNOT BE REDEPOSITED. REPLACEMENT MUST BE MADE IN CASH OR MONEY ORDER INCLUDING THE \$35 RETURNED CHECK FEE. PAST DUE TUITION ACCOUNTS WILL BE REFERRED TO OUR COLLECTION AGENCY AND WILL INCLUDE HILLCREST LATE FEES, COLLECTIONS FEES AND A 40 % COLLECTION CHARGE, IN ADDITION TO THE CLAIM AMOUNT.

I understand that payment is due regardless of vacations, holidays, illness, etc. I also understand that late fees will be issued if my payment is received later than the scheduled date. The party signing this agreement is responsible for payment of the total tuition for enrolled child.

Parents’ or Legal Guardian Signature: _____ Date: _____

Parents’ or Legal Guardian Signature: _____ Date: _____

For HCA Use Only:

Reg. Amt. Pd:_____ Dep. Amt Pd: _____ Date Pd:_____ Ck./R#_____ Room #:_____ Received By:_____