



## SIBLING CAMP ACORN APPLICATION FORM

Camp Acorn provides experiences for siblings of our students, ages 2-12, who do not have special learning needs and who fall within typical developmental ranges for their age. Siblings may enroll in the classroom based day camp or Adventure Playground.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Child T-Shirt Size (circle one):    XS    S    M    L

Parent(s) Names: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PAYMENT OPTIONS

Please reserve a spot for my child at Camp Acorn Summer 2017. I understand the \$250 deposit is non-refundable. If I choose to withdraw my application after April 27, 2017, the full tuition is non-refundable.

*Please check your preferred payment option:*

<input type="checkbox"/> Option 1	10 % Discount on camp <b><i>Tuition ONLY</i></b> when enrolled and paid in full by <b>February 24, 2017</b> Choose form of payment: <input type="radio"/> I am paying in full by check now (enclosed) <input type="radio"/> I am paying in full now by direct debit (Direct Debit form is attached)
<input type="checkbox"/> Option 2	Enroll with \$250 non-refundable deposit by <b>CHECK</b> now and balance by <b>Direct Debit</b> on or about <b>April 30, 2017</b>
<input type="checkbox"/> Option 3	Enroll with \$250 non-refundable deposit by <b>DIRECT DEBIT</b> now and balance by <b>Direct Debit</b> on or about <b>April 30, 2017</b>

**MORNING PROGRAMS:** (Monday – Friday 9:00 a.m. – 12:00 p.m.) *For a more detailed description of each program, please visit <http://www.parishschool.org/campus-life/summer-programs/camp-acorn/>*

*Please check the appropriate program box for your child.*

<input type="checkbox"/> Sibling Day Camp (\$1,000 for the month)	For siblings ages 2-12 of language campers. Classroom-based, hands-on camp activities led by energetic, professional camp facilitators. This program also features small class sizes with a maximum of 12 students in each group, and a small teacher-to-student ratio.
<input type="checkbox"/> Adventure Playground (\$1500 for the month)	Open to students who have language & learning differences, as well as typically developing children 6 – 12 years <i>Limited space available, not subject to insurance reimbursement</i>

### ADDITIONAL OPTIONS:

*Please check all that apply.*

<input type="checkbox"/> Afternoon Enrichment Program (\$600 for the month)	<b>Monday – Thursday 12:00 – 3:00 p.m.</b> Elementary classes offer a variety of extracurricular activities: cooking, yoga, art, splash day and more activities! Early Childhood students will have an opportunity for rest time & participation in fun physical activities arts & crafts and more.
<input type="checkbox"/> Early Drop Off (\$200 for the month)	<b>Monday – Friday with drop-off as early as 8:00 a.m.</b> A teaching assistant supervises students until carpool begins and then escorts them to class.
<b>Additional 2017 Camp T-shirts (\$12 each):</b> Two T-shirts are included as part of the tuition and are a requirement for the summer camp uniform.	I would like to purchase _____ additional shirts in size _____.



Applications will not be processed until the following documents are submitted. Completed Applications are processed in the order they are received.

**SIBLING Application Checklist:**

- Application Form
- Direct Debit Form (below) or Payment in full attached

This application has my approval and consent.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

Please return this form and payment/direct debit form below to the front office check box or mail to The Parish School.

**This form will not be accepted without the completed direct debit form or payment in full attached. Make checks payable to The Parish School.** Acceptance and placement will be determined by the Camp Acorn team. If you have questions, please contact Summer Camp Director Stefanie Heintz at [sheintz@parishschool.org](mailto:sheintz@parishschool.org) or 713-467-4696 ext. 127.

**AUTHORIZATION AGREEMENT**  
**FOR DIRECT PAYMENTS (ACH DEBITS)**

I (we), \_\_\_\_\_, parent(s) of \_\_\_\_\_, hereby authorize The Parish School to initiate debit entries to my (our) \_\_\_checking account/ \_\_\_ savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This Authorization is to remain in full force and effect until The Parish School has received written notification from me (I or either of us) of its termination in such time and in such manner as to afford The Parish School and DEPOSITORY a reasonable opportunity to act on it.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

