



CAMP ACORN APPLICATION FORM

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: _____

<input type="checkbox"/>	My child is currently a Parish School Student
<input type="checkbox"/>	My child is currently in the admissions process for the 2017 – 2018 school year <i>*Documents submitted to Camp Acorn and Admissions will be shared. Acceptance into Camp Acorn does not guarantee acceptance into The Parish School for the 2017 – 2018 school year. Please contact the Director of Admissions for questions regarding your application to The Parish School.</i>
<input type="checkbox"/>	Summer-Only Student Has your child attended Camp Acorn in the past? Yes or No
<input type="checkbox"/>	\$50 New Camper Application non-refundable fee only for children NEW to The Parish School

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 <i>Tuition ONLY</i> when enrolled and paid in full by <u>February 24, 2017</u> 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 CHECK now and balance by Direct Debit on or about April 30, 2017
<input type="checkbox"/> Option 3	Enroll with \$250 non-refundable deposit by DIRECT DEBIT now and balance by Direct Debit on or about April 30, 2017

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"/> Language Program (\$2,100 for the month)	Classroom-based language therapy for children who have communication & learning differences (2 – 12 years old)
<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)	Monday – Thursday 12:00 – 3:00 p.m. 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)	Monday – Friday with drop-off as early as 8:00 a.m. A teaching assistant supervises students until carpool begins and then escorts them to class.
<input type="checkbox"/> Additional 2017 Camp T-shirts (\$12 each): 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

<u>Current TPS Student Camper Checklist:</u>	<u>Returning Community Camper Checklist:</u>	<u>NEW Community Camper Checklist:</u>
<input type="checkbox"/> Application Form <input type="checkbox"/> Direct Debit Form (below) or Payment in full attached	<input type="checkbox"/> Application Form <input type="checkbox"/> Direct Debit Form (below) or Payment in full attached <input type="checkbox"/> Request/Release of Information (Page 9 of Case History document) <input type="checkbox"/> Teacher Questionnaire <input type="checkbox"/> Therapist Questionnaire	<input type="checkbox"/> Application Form <input type="checkbox"/> Direct Debit Form (below) or Payment in full attached <input type="checkbox"/> Request/Release of Information (Page 9 of Case History document) <input type="checkbox"/> Case History Form <input type="checkbox"/> Teacher Questionnaire <input type="checkbox"/> Therapist Questionnaire <input type="checkbox"/> Child Developmental Inventory completed for Preschool Applicants <input type="checkbox"/> Supporting documents such as most recent developmental evaluations, therapy reports, standardized testing, etc

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 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: _____

