



Camp Acorn Registration Packet

Child's Name _____ DOB _____

Age _____ Current Grade _____

Child T-Shirt Size (select one) XS S M L XL Adult Size _____

Parent(s) Names _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____

Home Phone _____ Email _____

<input type="checkbox"/> My child is currently a Parish Student
<input type="checkbox"/> My child is currently in the admissions process for the 2019-2020 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 2019-2020 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? <input type="checkbox"/> Yes or <input type="checkbox"/> No
<input type="checkbox"/> \$50 New Camper Application non-refundable fee only for children NEW to The Parish School / Camp Acorn

Payment Options

Please reserve a spot for my child at Camp Acorn Summer 2019. I understand the \$250 deposit is non-refundable. If I choose to withdraw my application after Friday, April 26, 2019, the full tuition is non-refundable.

Please check your preferred payment option:

<input type="checkbox"/> Option 1	10 % Discount on camp tuition ONLY when enrolled and paid in full by February 21, 2019 Choose form of payment: <input type="radio"/> I am paying in full by check (attached) <input type="radio"/> I am paying in full now by direct debit (Payment Authorization Form completed as part of this packet)
<input type="checkbox"/> Option 2	Enroll with \$250 non-refundable deposit and \$50 new camper application fee (if applicable) by check now and balance by direct debit on or about April 30, 2019.
<input type="checkbox"/> Option 3	Enroll with \$250 non-refundable deposit and \$50 new camper application fee (if applicable) by direct debit now and balance by direct debit on or about April 30, 2019.
<input type="checkbox"/> Option 4	For applications received after April 26, 2019, payment in full is required by either check or direct debit. Payment will be processed upon admittance.





Child's Name _____

Morning Programs
(Monday–Friday, 9:00 a.m.–12:00 p.m.)

For a more detailed description of each program, please visit www.parishschool.org/campacorn
 Check the appropriate program box for your child.

<input type="checkbox"/> Language Program (\$2,200 for the month)	Classroom-based language therapy for children who have communication delays and learning differences (2 – 12 years)
<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. Program also features small class sizes with a maximum of 12 students in each group, and a small teacher-to-student ratio. Camp Acorn provides experiences for siblings of our students, 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 Play.
<input type="checkbox"/> Adventure Play (\$1,500 for the month)	Open to students who have communication delays and learning differences, as well as typically developing children 6–12 years. <i>Limited space available, not subject to insurance reimbursement.</i>

Additional Options

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! Early Childhood students will have an opportunity for rest time and participation in fun physical activities, arts and crafts and more.
<input type="checkbox"/> Early Morning 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 2019 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 _____.





Camper Application Checklist

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

Current TPS Student	Returning Community Camper	NEW Community Camper
<input type="checkbox"/> Registration Form <input type="checkbox"/> Payment Authorization Form (page 4) and/or check attached	<input type="checkbox"/> Registration Form <input type="checkbox"/> Payment Authorization Form (page 4) and/or check attached <input type="checkbox"/> Request/Release of Information <input type="checkbox"/> School Questionnaire <input type="checkbox"/> Therapist Questionnaire <input type="checkbox"/> Supporting documents such as most recent developmental evaluations, therapy reports, standardized testing, etc.	<input type="checkbox"/> Registration Form <input type="checkbox"/> Payment Authorization Form (page 4) and/or check attached <input type="checkbox"/> Application <input type="checkbox"/> School Questionnaire <input type="checkbox"/> Therapist Questionnaire <input type="checkbox"/> Child Developmental Inventory completed for Early Childhood Applicants <input type="checkbox"/> Supporting documents such as most recent developmental evaluations, therapy reports, standardized testing, etc.

This application has my approval and consent.

Parent/Guardian Signature _____ Date _____

Printed Name _____ Child's Name _____

Please return this packet along with the Payment Authorization Form or payment check to the front office check box or mail to The Parish School. **This packet will not be accepted without the completed Payment Authorization Form or payment in full attached. Make checks payable to The Parish School.**

Acceptance and placement are determined by the Camp Acorn team. If you have questions, please contact Camp Acorn Director, Stefanie Heintz at sheintz@parishschool.org or 713-467-4696 ext. 191.



Child's Name _____

Authorization Agreement for Direct Debits (ACH Debits)

I/we, _____, hereby authorize The Parish School to initiate debit entries to my/our checking or savings account (select one) indicated below at the depository financial institution named below, 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 Payment amounts and processing dates of Direct Debits are based on the payment option selected in the signed Enrollment Contract or Optional Program Enrollment Form for the 2018-2019 school year.

Please complete this section and attach a voided check:

Depository Name _____ Branch _____

Routing Number _____ Account Number _____

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE PARISH SCHOOL HAS RECEIVED WRITTEN NOTIFICATION FROM ME/US OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE PARISH SCHOOL AND ANY DEPOSITORY FINANCIAL INSTITUTION INVOLVED A REASONABLE OPPORTUNITY TO ACT ON IT.

Account Holder Name _____ Date _____

Account Holder Signature _____