



The Harmony School of Decatur 2019 Summer Camp Registration Package

The Harmony School of Decatur (THS) campers enjoy a different theme each week as they explore, play, learn and make new friends. This summer's dates and weekly themes are as follows:

Week 1 June 3-7	 <p>Happy Camping! Indoor camping crafts, activities and songs, without bugs!</p>	Week 2 June 10-14	 <p>Art Camp Time to get creative with a week full of painting, drawing and artsy crafts.</p>
Week 3 June 17-21	 <p>Take me to the zoo! Take a walk on the wild side with this summer camp theme.</p>	Week 4 June 24-28	 <p>A Week at the Beach Explore the fun things there are to see and do at the beach.</p>
		Week 5 July 1-3	 <p>Camp Independence Art and craft activities to ring in the 4th of July Camp is closed Thursday and Friday this week. Happy 4th of July!</p>

Registration is open!!!

We're gearing up for a great summer, but it won't be complete without you and your family! Come and see what our summer adventures are all about.

Please note that enrollment is on a first come basis, so register early to reserve a space! New families, please call to schedule a site visit.

The Harmony School of Decatur
 701 West Howard Avenue, Decatur, GA 30030
 Phone: 404-452-1709
 email: harmonyschooldecatur@gmail.com • www.harmonyschoolofdecatur.com

The Harmony School of Decatur
2019 Summer Camp Registration Form

Child's Name _____ Birth date _____ Resides With _____
Street Address _____
City and Zip Code _____
1) Parent/Guardian Name _____
Phone Numbers _____ (home) _____ (cell) _____
E-mail Address _____
2) Parent/Guardian Name _____
Phone Numbers _____ (home) _____ (cell) _____
E-mail Address _____

THE HARMONY SCHOOL OF DECATUR SUMMER CAMP TUITION AGREEMENT

2019 Summer Camp is in session **Monday, June 3rd – Tuesday, July 3rd**

Monday - Friday from 9:00 AM to 1:00 PM (**Exception: Camp is closed Thursday, July 4th and Friday, July 5th**)

I/we agree to assume financial responsibility for The Harmony School of Decatur's 2019 Summer Camp payments, for the student listed above. I/we understand that summer camp tuition is due on a MONTHLY BASIS, based on weeks of attendance, by the last business day of the preceding month (June payment is due by May 31st **and** July payment is due by June 30th). **Lunch is parent provided.**

In addition to submitting a \$50.00 registration fee to reserve a space, I have circled the weeks of attendance. There will be no reimbursement or reduction of fees for absences. I/we further understand that checks returned from the bank for insufficient funds will necessitate a \$35.00 returned check fee.

I/we realize that failure to meet this financial agreement will result in a child's removal from The Harmony School of Decatur Summer Camp.

Weekly Attendance – Circle Weeks: 6/3 , 6/10 , 6/17 , 6/24 , 7/1 (closed July 4th-5th)

Weekly Tuition: Flat fee of \$125.00 per week (due on a monthly basis as noted above). During weeks of enrollment, campers attend as many days as you like Monday – Friday within the flat fee! (Exception: Flat fee of \$75.00 for week 5, July 1st-3rd)

5% discount per week for each additional child enrolled

Parent/Guardian Signature _____ Date _____

Emergency Permission: In the event of an emergency, if no one with parental authority can be reached, I give permission for The Harmony School of Decatur's owners to act on my behalf in securing necessary medical treatment. I will be responsible for any expense that may be incurred.

Doctor _____ Hospital _____

Address _____ Phone _____

City, State _____

Allergies _____

Special Instructions _____

Parent/Guardian Signature _____ Date _____

**THE HARMONY SCHOOL OF DECATUR
SUMMER CAMP PICK-UP PERMISSION SLIP**

Student's Name _____

Please list yourself, your spouse, the names of two emergency contact persons, and any other person(s) that you wish to give permission to pick up your child from The Harmony School of Decatur (THS) Summer Camp. Any exceptions need to be made in writing and given to your summer camp instructor. THS summer camp staff reserves the right to ask for photo identification from any person wishing to pick up a student at anytime.

Please inform the Director of any custodial issues concerning your child/children.

Name	Phone Number(s)	Relationship to Child
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Parent/Guardian Signature _____ Date _____

*Again, please note that only those persons listed on this sheet will be permitted to pick-up your child unless an additional written request is made.

For Office Use Only		
Date of Enrollment _____		
Registration Fee _____	Check # _____	
Camp Tuition Payment(s) - Payment 1 _____	Check # _____	
	Payment 2 _____	Check # _____
<input type="checkbox"/> New Student	<input type="checkbox"/> Current Student	<input type="checkbox"/> Sibling

The Harmony School of Decatur

2019 SUMMER CAMP PHOTOGRAPHY RELEASE

We will have opportunities to photograph or video your child(ren) as they participate in THS's Summer Camp. These photographs and video clips may be used for bulletin boards, classroom crafts, group pictures, special activities, press releases, and/or promotion of the program.

Please check the appropriate section and sign below.

I give permission for my child to be photographed by THS personnel.

I do not give permission for my child to be photographed by THS personnel.

Parent/Guardian Signature _____ Date _____

2019 SUMMER CAMP ATHLETIC WAIVER OF RESPONSIBILITY

I hereby give my consent for the abovenamed student to participate in athletic activities, outside play, creative movement, and children's yoga activities at The Harmony School of Decatur (THS). In the event of a medical emergency, and a parent cannot be reached, I hereby authorize THS, its employees, agents, and representative's permission to select and secure medical attention as may be necessary for my child, as a result of injuries or other events requiring emergency care while in attendance. I further understand that if a situation occurs, THS and its school officials are not financially responsible for said medical attention and/or treatment. I understand that I am financially responsible for said medical attention and/or treatment.

The undersigned further agrees to absolve, indemnify and hold The Harmony School of Decatur, its agents, employees, and representatives harmless from any, and all claims of personal or property injury, loss or liability asserted by either student, the undersigned and/or any other party arising from or related to any school activity.

I/We Agree:

Parent/Guardian Signature _____ Date _____