



RHYTHM OF LEARNING SUMMER CAMP 2023 REGISTRATION FORM

Monday, May 1st, 2023 - Deadline For Summer Camp Registration

To secure your spot at Rhythm of Learning Summer Camp, please digitally complete this form and be sure to submit your appropriate fees.

I _____ (name of the parent/parents) understand that students are admitted for the Rhythm of Learning, Inc. Summer Camp 2023 program. The tuition fees are not subject to adjustment because of illness, absence, or withdrawal of the student. Dismissal from the Summer Camp 2023 program will be at the sole discretion of the school. I agree to pay the registration fee and dues at the time of registration to reserve my child's spot. All payments are to be paid in full by May 1, 2023.
Early Bird registration by April 1st receive \$100 off.

Registration Fee: \$200 one-time fee per child (Includes: camp reservation, camp t-shirt and field trips).

Weekly Dues: \$350 / weekly payment will be applied to tuition for the specified week chosen at the time of registration. However, the week of July 4th's dues will be \$300, as it will be a short week due to the National Holiday. 10% weekly discount for siblings. The camp hours are from 8:00am - 3:00pm and includes a 20-minute private music instruction per week. Food is not included. **Please bring a bag lunch, snack, and water bottle daily**

Extended Care: \$120 / week will be applied to tuition for the specified week chosen at the time of registration. This extended care program will be from 3:00pm - 6:00pm. Includes late snack/supper, once a week: Fitness Sport activity, Group music/Drum circle, Art, Robotics.

Payment Plan: One week Deposit and Registration Fee are due on the day of registration. Credit card must be on file for Payment Plan.

Please note that credit card payments are accepted through our secure portal. Should you be paying by check, please make it payable to "Rhythm of Learning, Inc.". ***All sales are final and non-refundable.***

CHILD'S INFORMATION:

Name of Child: _____ Date of Birth: _____

Grade for Fall 2023: _____ Sex: M F Place of Birth: _____

Address: _____ City, State _____ Zip Code _____



Email: _____ Child's T-Shirt Size: XS S M L XL

Music Instrument: Piano Violin Guitar Ukulele Drums Voice Cello

SIBLING'S INFORMATION: *Please put N/A if not applicable*

Name of Child: _____ Date of Birth: _____

Grade for Fall 2023: _____ Sex: M F Place of Birth: _____

Address: _____ City, State _____ Zip Code _____

Email: _____ Child's T-Shirt Size: XS S M L XL

Music Instrument: Piano Violin Guitar Ukulele Drums Voice Cello

PARENT / GUARDIAN 1:

Name of Parent: _____

Address: _____ City, State _____ Zip Code _____

Relationship to Child: _____ Email: _____

Home Number: _____ Mobile Number: _____

Check if you want SMS Text Reminders How did you hear about us?: _____

PARENT / GUARDIAN 2:

Name of Parent: _____

Address: _____ City, State _____ Zip Code _____

Relationship to Child: _____ Email: _____

Home Number: _____ Mobile Number: _____

Check if you want SMS Text Reminders How did you hear about us?: _____

Custody Restrictions:

Court papers must be on file with Rhythm of Learning, Inc. to follow court directives.



PLEASE PROVIDE EMERGENCY CONTACTS THAT WE COULD CONTACT SHOULD WE NOT BE ABLE TO REACH EITHER PARENTS:

CONTACT 1

Full Name: _____ Phone Number: _____

Address: _____ City, State _____ Zip Code _____

Relationship to Child: _____

CONTACT 2

Full Name: _____ Phone Number: _____

Address: _____ City, State _____ Zip Code _____

Relationship to Child: _____

MEDICAL:

Name of Physician: _____ Phone Number: _____

Name of Dentist: _____ Phone Number: _____

Address: _____ City, State _____ Zip Code _____

Insurance Provider: _____ Phone Number: _____

Member Number: _____ Group Number: _____

HEALTH INFORMATION:

Allergies: Medication _____ Insect Sting _____ Food _____
Other _____

Remarks:

Health: Cardiac _____ Diabetic _____ Orthopedic _____ Asthmatic _____
Neurologic _____ Seizure _____

Problems: Immune-Deficient _____ Cystic Fibrosis _____ Hypoglycemic _____ Sickle
Cell _____ Other _____

Blood _____ Hemophilia _____ Cancer _____ Vision _____ Hearing _____
Speech _____ Psychological _____



Devices: Glasses _____ Contacts _____ Hearing Aid _____ Brace/s _____
Tubes _____ Other _____

Screenings: Hearing _____ Vision _____ Physical _____ Scoliosis _____

If it is necessary for your child to take medication during camp hours, it is imperative that written directions from the physician be on file, according to the Administration of Medicine Policy.

Additional comments:

- In case of emergency, the school authorities have my permission to take such action as they deem necessary.

Date _____ Signed _____
Parent or Guardian (Circle one)

Child's Name: _____

Emergency Medical Care:

I, _____, hereby authorize Rhythm of Learning, Inc., Summer Camp to secure emergency medical care for my child when I cannot be immediately reached at the time of the emergency. Emergency care may be first aid, CPR, emergency room visits, and calling 911 for emergency care. I also understand that I am responsible for any and all medical costs which could incur.

Signature of parent/guardian

Date : _____

Field Trips:

I, _____, hereby authorize Rhythm of Learning, Inc., Summer Camp to take my child on walking trips, special excursions and to ride as a passenger in the vehicle owned or leased by the facility. I understand that such trips are under the supervision of the staff of Rhythm of Learning, Inc., Summer Camp and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Signature of parent/guardian

Date: _____



Photo Consent:

I, _____, hereby authorize Rhythm of Learning, Inc., Summer Camp to photograph and videotape my child for the use of publicity (displays, slide presentations, website ect.) and other reasonable type activities.

Signature of parent/guardian

Date: _____

Activity Consent and Field Trips:

I, _____, hereby authorize my child to use all of the play equipment and participate in all of the activities, such as gymnastics, other physical education, music lessons under the careful supervision of THE RHYTHM OF LEARNING INC. I hereby authorize Rhythm of Learning, Inc., Summer Camp to take my child on walking trips, special excursions and to ride as a passenger in the vehicle owned or leased by the facility. I understand that such trips are under the supervision of the staff of Rhythm of Learning, Inc., Summer Camp and that health and safety precautions are taken in compliance with DCFS standards. If my child needs a booster or a car seat, I will provide one if needed. I understand that my child will be going to local parks, local swimming facilities, sporting venues, farms, Museums, Theatres and more on a daily/ weekly basis during Summer Time.

Signature of parent/guardian: _____

Date: _____

WHAT TO BRING TO CAMP (MONDAY-FRIDAY)

- Lunch, 2 snacks & a water bottle (LABELED)
- Swimming suit & towel
- Bag or backpack with a spare change of clothes
- Sunblock everyday
(Name clearly labeled on all belongings please.)

Field Trip Days

- Non-perishable lunch in a brown paper or plastic bag with name on it.
- 2 Snacks & disposable water bottle
- Walking Shoes (No Flip-Flops or Sandals please)
- Book or any other quiet activity for a bus ride.
- It is the parent's responsibility to bring a booster seat if your child needs it.
- If they are potty training/please provide a wet bag with clean underwear and a set of clothing in case, they need it.



For Tennis, please bring/wear:

- Water Bottle
- Sun Hat
- If the student has their own racquet, they can bring it. (We will provide tennis balls)
- Light colored and loose fitting, shorts, t shirts etc.,
- Sneaker type shoes, laces, or Velcro (no open toe shoes and must grip their feet/not fall off)

Please check each week your child(ren) will be committed and attending.

June 5th - 9th
 Extended Care

June 12th - 16th
 Extended Care

June 19th - 23rd
 Extended Care

June 26th - 30th
 Extended Care

July 3rd - 7th (**Holiday Week**)
 Extended Care

July 17th - 21st
 Extended Care

July 24th - 28th
 Extended Care

July 31st - Aug 4th
 Extended Care

August 7th - 11th
 Extended Care

August 14th - 18th
 Extended Care

SUMMARY OF COMMITMENT: (Complete only the lines that pertain to you)

Registration Deposit \$200 x _____ Child(ren) = Total \$_____

Weekly Dues \$350 / week x _____ Week(s) = Total \$_____



Weekly Dues for Siblings \$315 / week x _____ Week(s) = Total \$ _____

Extended Care \$120 / week x _____ Child(ren) x _____ Week(s) = Total \$ _____

Please add up all of the totals and place amount here: \$ _____

PAYMENT INFORMATION:

Credit Card*: Visa Mastercard American Express Discover

***2.75% Processing fee will be added to all credit card payments.**

Cardholder's Name: _____ Credit Card Number: _____

Expiration Date (mm/yy): _____ CVV: _____

Billing Address

Address: _____ City, State: _____ Zip Code: _____

I _____, authorize Rhythm of Learning, Inc. to charge my credit card above for agreed upon purchase(s). I understand that my information will be saved to file for future transactions on my account and that all sales are final and non-refundable.

Cardholder's Signature: _____ Date: _____

I _____ a parent of _____ on behalf of my Child, furthermore release, indemnify and hold harmless Rhythm of Learning, Inc., Summer Camp from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claims for negligence or negligent acts, omissions and any present or future claims, loss or liability for injury to person or property that my child may suffer, for which my child may be liable to any other person, that may or does arise out of my child's participation in the camp. I understand that Rhythm of Learning, Inc., Summer Camp accepts no responsibility for my Child's personal property.

I _____, on behalf of my Child _____, acknowledge that Rhythm of Learning, Inc., Summer Camp does not provide on-site medical care or provide and administer any prescription or over the counter drugs and in the event of an accident or serious illness, I hereby authorize representatives (teachers, counselors of Rhythm of Learning, Inc., Summer Camp to obtain emergency medical treatment for my Child on my behalf.



I hereby hold harmless and agree to indemnify Rhythm of Learning, Inc., Summer Camp from any claims, causes of action, damages and/or liabilities arising out of or resulting from said medical treatment. I further agree to accept full responsibility for all expenses.

I _____, on behalf of my child _____, understand and acknowledge that my failure to disclose relevant information may result in harm to my child and/or others during this camp. By signing my name I represent and warrant that my child's mental, physical, or medical condition enables him/her to participate in the camp without any special accommodations.

I _____, on behalf of my child, understand that Rhythm of Learning, Inc., Summer Camp recommends we consult with a physician prior to allowing our child to participate in this camp and if I am uncertain about any pre-existing condition, it is my responsibility to consult with my child's doctor.

Printed Full name

Signature

Date