

SUMMER IMPRESSIONS* 2024 CAMP APPLICATION

25000 W. 10 Mile Road, Southfield, MI 48033 248-357-1740

Child's Name: _____ Birth Date: _____
(Last, First, Middle Initial)

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Father's Name: _____

Mother's Employer: _____ Father's Employer: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's Driver's License: _____ Father's Driver's License: _____

Mother's Social Security: _____ Father's Social Security: _____

Mother's Email: _____ Father's Email: _____

Has your child had previous camp or school experience? _____

What grade has your child just completed this school year? _____

Does your child have any allergies we should know about? _____

Is there any additional information (medical or other) that would help us take better care of your child? _____

Terms and conditions:

I/We give permission for my child to participate in all camp activities. I have enclosed a \$100 non-refundable registration fee payable to Early Impressions, 25000 West Ten Mile Road, Southfield, MI 48033. In addition, for each session selected there is a \$50 deposit that applies toward tuition. I further agree and understand that this \$100 registration fee and \$50 deposit for each session selected, and all prepaid tuition and prepaid material fees are non-refundable and non-transferable for any reason whatsoever including but not limited to absences due to illness, surgery, communicable diseases, vacation, withdrawal, holidays, or any other unforeseen circumstances, etc.

It is understood that, at its sole discretion, L & A Educational Services, Inc. has the right to request withdrawal of any child from the program for any reason, at the sole discretion of the Camp's director, at any time.

Upon submitting this signed application, the parent(s)/guardian acknowledges the obligation to pay for the total number of weeks registered for regardless of the child's attendance. If only one parent signs this agreement, that parent agrees that he/she is also acting as an agent of the other parent with authority to enroll the child at camp. It is important to note that anyone who signs this application is responsible for payment. I/We understand and agree to the above-stated terms and conditions.

Signature: _____
Parent or Legal Guardian Date

Signature: _____
Parent or Legal Guardian Date

SUMMER IMPRESSIONS 2024 CAMP SCHEDULE

Camper's Name

Birthday

Age

Mini Session	Mon June 17	Tues June 18	Wed June 19	Thurs June 20	Friday June 21

Session 1	Monday	Tuesday	Wednesday	Thursday	Friday
June 24-28					
July 1-5				July 4/no camp	
July 8-12					

Session 2	Monday	Tuesday	Wednesday	Thursday	Friday
July 15-19					
July 22-26					
July 29- Aug 2					

Session 3	Monday	Tuesday	Wednesday	Thursday	Friday
Aug 5- 9					
Aug 12- 16					
Aug 19- 22					No Camp

	<u>Full Days</u>	<u>Full Days</u>	<u>Half Days</u>
	9am - 3:30pm	9am – 3:30pm	9am – 12:30pm
	2 – 2 ½ years old	3 – 8 years old	Up to 4 years old
3 Days	\$250.00	\$300.00	\$165.00
4 – 5 Days	\$365.00	\$355.00	\$325.00
Extended Care:	7:30 am - 9am &	3:30pm – 5:30pm	No Additional Cost!

Tuition Payment Schedule	Full payment due prior to first day	of each registered session.
Mini Session (1 week)	June 17 - 21	Payment due by June 10 th
Session 1 (3 weeks)	June 24 – July 12	Payment due by June 17 th
Session 2 (3 weeks)	July 15 – Aug 2	Payment due by July 8 th
Session 3 (3 weeks)	Aug 5 – Aug 22	Payment due by July 29 th

Please note: Tuition is due in full prior to the beginning of each registered session.

PLEASE LET US KNOW WHAT SIZE SUMMER IMPRESSIONS T-SHIRT YOUR CHILD WILL NEED:

___ X-SMALL (2-4)	___ SMALL (6-8)	___ MEDIUM (10-12)	___ LARGE (14-16)
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L & A EDUCATIONAL SERVICES, INC. * WAIVER OF LIABILITY

In consideration of being allowed to participate in any party and/or program of L & A Educational Services, Inc.* the undersigned, on his or her behalf and on behalf of the participant(s) identified on this application, acknowledges, appreciates, and agrees to the following conditions:

I represent that I am the parent or legal guardian of the participant listed below, or I/We have obtained permission for the parent/legal guardian of the participant below to execute this agreement on their behalf. I/We further grant permission for the participant listed below to participate in the activities of the program including but not limited to swimming pool activities when conducted.

The risk of injury to a participant may exist in this program and which particular rules, equipment and personal discipline may reduce the risk, the risk cannot be completely eliminated, and injury is possible.

I/We knowingly and freely assume all such risks, both known and unknown, ever if arising from the negligence of the releases or others and assume full responsibility for my participation.

I/We, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold harmless L & A Educational Services, Inc. their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premise used to conduct the event ("releasees"), with respect to any and all injury, disability, death, or loss or damage to personal property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted under law.

I/We hereby grant permission for the use of my child's name, photograph and/or video in the media (ex: electronic media, area newspapers, magazines, brochures, advertising, radio, or television stations, etc.).

I/We give permission to secure emergency medical treatment for the child on this application, if required, when the parent(s)/guardian and /or emergency contacts cannot be reached.

I/We have read this release of liability, assumption of risk, and indemnity agreement fully and understand its terms and understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement.

Child's Name (Please Print) _____ Date of Birth _____

Parent/Guardian's Signature _____ Date _____

Additional Parent/Guardian's Signature _____ Date _____

Address (Please Print) _____

City/State/Zip _____

EMERGENCY PHONE NUMBER _____

*Early Impressions & Summer Impressions are registered assumed names of L & A Educational Services, Inc.