



# SUMMER CAMP APPLICATION FOR 2024

Please fill out this application to secure a place for summer camp and mail along with your non-refundable fees per camp/week/per child.

Camper	First Name	Last Name	DOB	AGE
1				
2				
3				

Parent Info (Father/Mother)	First Name	Last Name

Email	Cell Number	Work/Home

Summer Dates	Half day: AM: 8:00-12:00 PM: 12:05- 4:05		Full day: 8:00 - 4:00	Extended Care 4:00 - 4:30 pm <small>Subject to availability</small>	Sub Total
	AM	PM			
June 3-7			Y	Y	
June 10-14			Y	Y	
June 17-21			Y	Y	
June 24-28			Y	Y	
July 1-3 <small>Class make up on Aug 5,6</small>			Y	Y	
July 8-12			Y	Y	
July 15-19			Y	Y	
July 22-26			Y	Y	
July 29-2			Y	Y	

**TOTAL PAID:**

Half Day (AM or PM) - Monday to Friday: \$280.00 per week.  
 Full Day (Monday to Friday): \$480.00 per week (Save \$80.00 per week). Daily Extended Care: \$15.00 per half-hour (Must RSVP in advance). Campers are required to bring their own water and food. No makeup classes will be provided for missed sessions. Only 10 children per teacher.

LIMITED SPACE PER CAMP. SIGN UP NOW

Mail Payment and registration form to: TSIP P.O. Box 1692 Folsom, CA 95763

[www.thespanishimmersion.com](http://www.thespanishimmersion.com)



### Up dated Authorization to Leave The Spanish Immersion Program Facilities

We can allow children to leave the preschool premises only with (1) you (the person enrolling the child); (2) persons you have listed below; and (3) a person not listed below when:

- a) You have told the teacher in person or by phone that she/he is picking up the child
- b) The teacher has a signed and dated note from you, authorizing to send the child home with that person.

My child, \_\_\_\_\_, may leave TSIP with the following people:

Name	Phone	Email	Relationship
1. _____			
2. _____			
3. _____			

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



Help us learn all we need to know to help your child have an enjoyable and successful summer.

Your child's name: \_\_\_\_\_

Your child's Date of Birth: \_\_\_\_\_

What does your child prefer to be called? \_\_\_\_\_

My child's favorite things: \_\_\_\_\_

Favorite color \_\_\_\_\_

Favorite toy \_\_\_\_\_

Other favorites: \_\_\_\_\_

My child is good at: \_\_\_\_\_

My child likes to: (check all that apply)

\_\_\_\_\_ Listen to stories

\_\_\_\_\_ Draw and color

\_\_\_\_\_ Play alone

\_\_\_\_\_ Play with other children

\_\_\_\_\_ Go to friends' house

\_\_\_\_\_ Play quiet games inside

\_\_\_\_\_ Play make-believe

\_\_\_\_\_ Grab a book

My child learns best by \_\_\_\_\_

This makes my child angry \_\_\_\_\_

This makes my child frustrated: \_\_\_\_\_

This makes my child scared: \_\_\_\_\_

This activity makes my child relax: \_\_\_\_\_

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Some things I would like you to know about my child: \_\_\_\_\_

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Even when my child is not happy this activity makes him calm down \_\_\_\_\_

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Any specific conduct you are working on at home: \_\_\_\_\_

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Some things I would like you to know about our family: (i.e. culture, activities, other languages)

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There are \_\_\_\_\_ children in our home. Their ages and names are:

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What are your hopes for your child during this preschool year?

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Thank you for sharing this valuable information about your child. With your help we know this is going to be an amazing year.



## Parental Consent/Waiver/Release

I have carefully read the description of the class on which I am registering my child to participate in The Spanish Immersion Program (TSIP). I hereby waive, release and discharge any and all claims for damages or personal injury, which may happen as a result of participation in TSIP. The release is intended to discharge in advance TSIP, its contractors and all, from any and all liabilities arising out of, or connected in any way with my participation in TSIP.

I agree to indemnify and to hold GLN Enterprises Inc. dba The Spanish Immersion Program and its contractors, free and harmless from any loss, liability, damage, cost or expense which they may incur as the result of an injury or property damage that may happen while participating in TSIP.

I hereby consent my son/ daughter \_\_\_\_\_, to participate in TSIP, and I hereby execute this consent/waiver/release. I state that the student is physically able to participate in TSIP. I have carefully read this agreement, waiver and release, and fully understand its contents. I am aware that this is a release of liability and a contract between I and GLN Enterprises Inc. dba The Spanish Immersion Program, and I sign it of my free will.

Parents' Signatures \_\_\_\_\_

Print Names \_\_\_\_\_

Date: \_\_\_\_\_