



New Foundations K-6 Summer Camp 2018

Monday, July 2nd - Friday, August 10th



New Foundations provides youth with a safe place during out of school time to learn, play, create, and serve the community. The summer program merges academic standards with unique enrichment activities that are engaging, stop summer learning loss, and give youth the opportunity to serve their community.

Sample Daily Schedule (Mon, Tues, Thurs):

- 8:00-8:30 – Breakfast
- 8:30-9:00 – Morning Walk/Exercise
- 9:00-11:30 – Academic/Project Based Learning
- 11:30-12:00 – Lunch
- 12:00-12:30 – Recess
- 12:30-1:15 – Art
- 1:15-2:00 – Sports
- 2:00-2:15 – Snack
- 2:15-3:00 – Music
- 3:00-3:45 – Science
- 3:45-4:00 - Dismissal

Wednesdays are theme days with a normal morning schedule, and fun afternoon activities such as a culture fair, pajama party, and talent show! **Fridays** are trips to places like the The Funplex, Bellmawr Lake, Bounce U, CoCo Key Water Resort, & more!

Fees:

(include breakfast, snack, academic instruction, field trips, T-Shirt & all camp activities)

Option 1: \$900 – Early Discount for entire camp (6 weeks) by **May 1st**

Option 2: \$950 – Early Discount for entire camp (6 weeks) by **June 1st**

Option 3: \$1,000 – Payment for entire camp (6 weeks) by **June 29th**

Option 4: \$175/week – Payment for Weeks 1-3 by **June 29th**
and Payment for Weeks 4-6 by **July 13th**

Option 5: \$300 – Payment for Academic Enrichment ONLY

9am-11:30am, M-Th for entire camp (6 weeks) by **June 29th**

****10% Discount for Additional Children** **NO DAILY RATE AVAILABLE****

Before Care Available 6:30am-8:00am - \$5/day or \$20/week

After Care Available 4:00pm-6:00pm - \$5/day or \$20/week



**New Foundations
Charter School
8001 Torresdale Ave.
Philadelphia, PA 19136**

Questions? Contact The New Foundations CARES Office at
CARES@nfcs.k12.pa.us or **(215)-624-8100 x 2226**

2018 NFCS K-6 Summer Enrollment Form

Section 1: Camper Information

Child's Name _____

Grade (as of 9/2018) _____ School _____

___ Male ___ Female Birth Date _____ T-shirt size (circle one): YS YM YL AS AM AL AXL AXXL

At the end of camp, my child has permission to (check all that apply): ___ Take SEPTA ___ Walk home ___ Be Picked up

The following people have permission to pick up my child: _____

At NFCS Summer Camp, students will spend some time in a classroom setting and participate in project-based learning. To insure your child's success in this program, it is **EXTREMELY** important that you disclose any information that will help us serve your child pertaining to medical, academic or behavioral support. Please indicate if anything below pertains to your child and please list any other important information below and/or on a separate sheet.

___ Food Allergies ___ Other Allergies ___ ADD/ADHD ___ Emotional/Behavioral Challenge ___ Physical Challenge
___ IEP ___ 504 ___ Daily Medication (at home) ___ Daily Medication (at camp)

PLEASE explain: _____

If child is not a student at NFCS, please attach a copy of child's immunization records.
If there is any other information that may help the program better serve your child, please include.

Section 2: Family Information

Child lives with: ___ Both Parents ___ Mother ___ Father ___ Guardian ___ Foster parent

Guardian #1 Name _____ Relationship _____

Home Address _____ City/State/Zip _____

E-mail Address _____ Phone: _____

Guardian #2 Name _____ Relationship _____

Home Address _____ City/State/Zip _____

E-mail Address _____ Phone: _____

Section 3: Emergency Information (in addition to parents)

In the case of emergency, please contact the following first: ___ Guardian #1 ___ Guardian #2

If mother, father, or guardian cannot be reached, or person child can be released to:

Name _____ Relationship to child _____

Cell # _____ Home # _____ Work # _____

Name _____ Relationship to child _____

Cell # _____ Home # _____ Work # _____

Section 4: Enrollment Information

My child will attend camp during the following weeks:

_____ 7/2-7/6 (no camp 7/4) _____ 7/9-7/13 _____ 7/16-7/20 _____ 7/23-7/27 _____ 7/29-8/3 _____ 8/6-8/10

Section 5: Payment Information

Payments for this program will only be accepted in advance of attendance. Payments should be made by the following dates to ensure your child's participation in the program. Please select which option works best for your family:

- _____ **Option 1: \$900** – Early Discount for entire camp (6 weeks) by **May 1st**
- _____ **Option 2: \$950** – Early Discount for entire camp (6 weeks) by **June 1st**
- _____ **Option 3: \$1,000** – Payment for entire camp (6 weeks) by **June 29th**
- _____ **Option 4: \$175/week** – Payment for Weeks 1-3 by **June 29th** and Payment for Weeks 4-6 by **July 13th**
- _____ **Option 5: \$300** – Payment for Academic Enrichment 9am-11:30am only, M-Th for entire camp (6 weeks) by **June 29th**

****Additional Children will receive a 10% discount on camp rate****

Section 6: Media Release

During the summer, our camp will hold events that the news media and the charter school may like to feature. Photos or video footage may be taken to highlight the event and featuring the faces of the New Foundations Summer Camp. We value your child's participation; however, if you do not wish to have your child photographed or videotaped, please indicate by checking the box below and return your form with your child's enrollment form.

Check All That Apply:

- I give my permission to have the charter school feature my child's work (art, essays, etc.)
- I give my permission to provide credit to my child if his/her work is shown
 - First Name Only First & Last Name
- I do not want my child photographed or videotaped

Child's name (please print)

Section 7: Field Trip & Travel Permission

I give my child permission to attend New Foundations Summer Camp sponsored field trips. I also give permission for my child to be transported by bus or van driven by a New Foundations Summer Camp staff member or contracted bus services.

Section 8: Guardian Signature

By signing below I give permission for my child to participate in this program. I have read and understand all sections of this form including the media and transportation sections. I agree to make payments by the dates outlined above. I understand that if I do not make payments by the dates outlined above, my child will not be permitted to participate in all or parts of the camp programming.

Parent/Guardian's name (please print)

Parent/Guardian's signature

Date

While enrollment forms are accepted on a rolling basis up to one week before the program begins, if specific groups reach capacity before that time, campers will be placed on a waitlist in the order enrollment forms are received. All enrolled campers will be invited to a family orientation in the beginning of June.

Please check that ALL sections of the form are complete and the \$15 registration fee is included.

FOR OFFICE USE ONLY: Date Received: _____	Registration \$: _____	Enrolled: _____
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