

# 2025 Espin Preschool Summer Program Registration Form

Ages 4-9

(One form per child, please print - MUST be completed & returned to: Espin Preschool 975 Lehigh Ave, Union, NJ 07083, or Email: Klopez@espinpreschool.com)

**Child's Name:** \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ Age as of 4/1/25 \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell (Required) \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Primary E-mail (Required):** \_\_\_\_\_ Secondary Email \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell (Required) \_\_\_\_\_ Work Phone \_\_\_\_\_

Address (if different than above) \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Primary E-mail (Required):** \_\_\_\_\_ Secondary E-mail: \_\_\_\_\_

Brightwheel is our primary method of communicating camp information, schedules, and any possible last-minute changes throughout the summer. Contact our office immediately if you have not been granted access to the Brightwheel app. Please refer to our website for program information. Early Registration is recommended. **In order to ensure the safety of all children and the appropriate staffing ratios, a completed registration form along with payment must be received at the registration office by June 16th for participation in the program.** If the session is full, you will be placed on a waiting list.

**Emergency Notification Information (Required):** In case of emergency, if after both primary guardians cannot be reached, please list two additional people who can be contacted and would be authorized to pick up your child. **Photo ID required.**

1) Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relation \_\_\_\_\_

2) Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relation \_\_\_\_\_

## HEALTH HISTORY

List any current allergies: \_\_\_\_\_

List any current dietary restrictions: \_\_\_\_\_

List any current or past medical treatment that would affect your child's day at camp: \_\_\_\_\_

List any activities your child should be restricted from: \_\_\_\_\_

Describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp

List any current medications

Reasons for above medications:

**Medications to be administered at camp must be in original container accompanied by written and signed instructions from the parents or doctor on a permission to medicate form.** Example: Epi pen must be in original container. **Campers may not carry medication at any time.**

**Current Immunizations:** Vaccinations are required by the NJ Department of Health prior to summer program attendance. (Check One)

I attest, by my signature following this statement, that all immunizations required by the NJ Department of Health for my child's participation in camp are up to date and that my child has a current tetanus shot with the month and year stated below.

Or, I attest that I have signed and provided to Espin, a waiver exempting my child from vaccination due to religious or other reasons.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Date of last tetanus shot:** \_\_\_\_\_

Your child's medical insurance carrier: \_\_\_\_\_ Group Policy #: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Permission to Treat - Informed Consent** - By signing this agreement, I believe that my child is qualified physically, mentally and emotionally for camp and understand there is some risk involved in all physical activities. I agree to place my child in the care of the camp staff, subject to its program policies. I give permission for him/her to take part in all camp activities and field trips. In the event the responsible parents/guardians cannot be reached, I give my permission to the medical personnel selected by the camp to transport,

hospitalize, secure proper treatment for, and to order injections, x-rays, routine tests, anesthesia or surgery for my child and to release any records necessary for treatment, referral, billing and insurance purposes.

Signature: \_\_\_\_\_

**Alternate Pick up Information:** Please list two additional people who are authorized to pick up your child at any time.

**Photo ID required.**

1) Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relation \_\_\_\_\_

2) Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relation \_\_\_\_\_

**Parent/Guardian and Espin Agreement**

**Rules for Acceptance and Participation in Espin Summer Program** – are the same for everyone without regard to race, color, national origin, sex, age or disability. It is understood that all campers will be treated as individuals and respect will be shown for differences in tastes, preferences, abilities and range of behavior patterns. Espin reserves the right to dismiss a child from the summer program whose special needs we are not able to meet or whose conduct is not in the best interest of the total summer program — without refund.

**\$100 Registration Fee**- The registration fee is a nonrefundable and a separate fee that is not included in the total summer program bill. If paid by March 31st, you will get 50% off Registration fee. This registration fee covers total summer program from July 7, 2025, through August 15, 2025.

Initials \_\_\_\_\_

**Tuition Payment Policy**- Tuition must be paid accordingly and is non-refundable. There is no grace period. **50% of balance will be due by May 31st. The balance must be paid in full by your official start date.**

Initials \_\_\_\_\_

**Late Fees & Other Fees** – Should they occur include: \$25.00 charge for late session payments made after due date indicated on our tuition policy and on invoice. **All requested changes must be given in writing.** Additional fees may include a late pick fee of \$1 per minute after your child's scheduled pick up time; \$35 for returned checks.

Initials \_\_\_\_\_

**Refund policy:** Registration, deposit fees and tuitions are non-refundable and non-transferable. It is understood that in the case of dismissal or voluntary withdrawal refund will not be given.

Initials \_\_\_\_\_

**Potty Trained**- Children must be fully potty trained. – **No pull ups will be allowed.**

Initials \_\_\_\_\_

**Discipline policy** -Discipline at Espin is handled with much care and thought. Redirection and positive reinforcement are used to help children understand proper behavior. Campers not following the conduct policy may be suspended or expelled from the summer program with no refund.

Initials \_\_\_\_\_

**Attendance Policy & Nonrefundable Tuition Fees** - Children enrolled in Summer Program will be required to attend 5 days per week full time Full tuition is due and is not reduced, credited nor refunded due to sick days, vacations, holidays, school closures, early dismissals, other absences, other closures, and early pick-ups and covid quarantine closures.

Initials \_\_\_\_\_

**Daily Lunches & Snacks** – A lunch box and snacks that do not need to be heated are required.

Initials \_\_\_\_\_

**Daily Walks & Outdoor Play**- Daily walks and outdoor play are required for our summer program

Initials \_\_\_\_\_

**Program Dates**- Espin Summer Program runs from July 7th - August 15th. Due to new school year enrollments, classroom preparations and transitions; we cannot guarantee vacation care nor extend the dates before or after the Summer Program dates.

Initials \_\_\_\_\_

**Photography Policy** – I give Espin Preschool permission to use any and all photographs taken of my child in camp activities in Espin publicity. Espin Preschool Learning Center values the privacy of its members. No photos or video of any type are to be made of any camper or staff person without the consent of the Espin Staff. This includes the use of cell phone cameras. As a result, Espin Summer Program expressly prohibits cell phone use of non-Espin phones.

Initials \_\_\_\_\_

**Subsidy Programs** – If you receive a subsidy you are required to pay the difference owed in cost after your subsidy is processed, regardless the amount of your co-pay according to the subsidy. For example: if you are granted a \$100 a month subsidy you are required to pay the remaining balance equal to the cost of each week of service. If you do not pay the remaining balance, your subsidy provider will be informed and your subsidy may be terminated..

Initials \_\_\_\_\_

**I have read all of the above information and I am fully aware of all of the terms and principles contained herein. All questions have been answered to my satisfaction. I agree that certain activities at Espin have risks which are inherent to the activity. No insurance has been included in membership or program fees. I further agree to indemnify and hold harmless Espin from any claims or demands arising out of any such injuries and losses.**

**PARENT/GUARDIAN SIGNATURE (Required):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# Summer Program 2025

**Registration Fee-Non refundable**

**\$100\*\***

**\*\* If you register before 3/31/2025, Registration is 50% off**

**50% of tuition is due by May 31, 2025. Full balance will be due by start date.**

	Please select weeks Minimum of 2 Weeks Required	Please select Full Time, 8am-4pm or Half Day, 8-12pm
July 7-11		
July 14-18		
July 21-25		
July 28-August 1		
August 4-8		
August 11-15		
	<b>Optional Extended Hours</b>	
Extended Hours BeforeCare 7-8am		
Extended Hours Aftercare 4-6pm		
Extended Hours Before and AfterCare		