



# Current ILS Student Summer Camp Registration

Child Name: \_\_\_\_\_

## 2018 Summer Camp Rates

Full-Day Summer Adventure Camps - Weekly Rates

Current ILS Student Rates:	Weekly Rates and Options:
Non-Refundable Camp Deposit	\$60 (due at registration)
Balance due 14-days prior to camp	\$225
Total Cost for 9:00am - 4:00pm	\$285/week
Receive a 5% early bird discount applied to the weekly camp rate, when registered and paid in full by 4/1/2018	
Before/After Camp Options:	
Before Camp 7:45-9:00am	\$35
After Camp 4:00-6:00pm	\$65

**Instructions: Choose the camp weeks and location as well as before and after camp options if needed.**

Summer Camp Weeks	Ballard (8th/Market)	Greenwood (Greenwood/78th)	Locks (Market/28th)
Week 1: 6/25 - 6/29	Sounds of Summer Before After	Wonders of Science Before After	Comic Crusaders Before After
Week 2: 7/2-3, 7/5-6	Hogwart's Spells Before After	Annie Musical Wk1 Before After	Animals of the Wild Before After
Week 3: 7/9 - 7/13	Art Fun-01 Before After	Annie Musical Wk2 Before After	Hogwart's Spells Before After
Week 4: 7/16 - 7/20	Wilderness & Waters Before After	Animals of the Wild Before After	Annie Musical Wk1 Before After
Week 5: 7/23 - 7/27	Comic Crusaders Before After	Art Fun-01 Before After	Annie Musical Wk2 Before After
Week 6: 7/30 - 8/3	Star Wars Space Before After	Sounds of Summer Before After	Wilderness & Waters Before After
Week 7: 8/6 - 8/10	Animals of the Wild Before After	Hogwart's Spells Before After	Wonders of Science Before After
Week 8: 8/13 - 8/17	Wonders of Science Before After	Comic Crusaders Before After	Sounds of Summer Before After
Week 9: 8/20 - 8/24	Annie Musical Wk1 Before After	Wilderness & Waters Before After	Star Wars Space Before After
Week 10: 8/27 - 8/31	Annie Musical Wk2 Before After	Star Wars Space Before After	Art Fun-01 Before After



## Summer Camp Transportation Waiver Form

I hereby give permission for my child \_\_\_\_\_ to travel in the Illumination Learning Studio Van or by foot daily from the ILS Studio to Summer Camp Field Trips and back to the studios located at 7720 Greenwood Ave N (Greenwood), 2821 NW Market St (Locks) and 5501 8th Ave NW (Ballard).

**Day of Travel:** While enrolled in Summer Camps

**Weeks Enrolled:** \_\_\_\_\_

I understand that the drivers and the vehicle owner, Illumination Learning Studio (Piper Arts and Learning, LLC) are not responsible for any injury/damages which may be incurred on said trips, and in the consideration for providing transportation. I agree to hold the driver and Illumination Learning Studio (Piper Arts and Learning, LLC), harmless from claims for injury or damages occurring during said trips.

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

\_\_\_\_\_  
**Date**

**\*Please note that your child will not be allowed to ride in the van until the transportation waiver is signed and the emergency contact form is filled out and returned to Illumination Learning Studio. It is also important that you contact us (206) 466-1931 if your child will not be coming to the studio on scheduled pick up days.**



EMERGENCY CONTACT  
INFORMATION AND CONSENT FORM

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**EMERGENCY CONTACTS**

Contact #1: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Contact #2: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**MEDICAL CARE – Children's Hospital**

Family Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Special Conditions/Disabilities/Emergency Info: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES:**

As parent/guardian, I consent to have my child receive first aid by ILS facility staff and, if necessary, be transported to receive emergency care at Children's Hospital. I will be responsible for all charges not covered by insurance. I consent for the emergency contact person listed above to **ACT ON MY BEHALF** until I am available. I agree to review and update this information whenever a change occurs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Complete **ONLY IF** you are changing the payment method you already have on file

### Payment Authorization Form

Illumination Learning Studio processes payments as a one-time withdrawal or by dates agreed upon. A Parent/Guardian may make changes to reserved camps up to 14 days prior to the start of camp with a \$25.00 change fee; deposits remain non-refundable. Written notice is required for withdrawal and will be acknowledged in writing. If not paying in full at time of registration, full balance is due two weeks prior to camp start date and no refunds are given within the 2-week window prior to each camp start so that we can staff accordingly.

#### Authorization

You hereby authorize scheduled charges to your debit or credit card, checking or savings account for camp tuition, T-shirt replacement fee and other fees incurred. A receipt for each payment will be emailed to you and the charge will appear on your bank statement. You agree that no prior-notification will be provided unless the date or tuition amount changes, in which case, you will receive notice from ILS prior to the payment being collected. There is a \$35 fee for any rejected payments from your bank at the time of processing.

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#### Please complete the information below:

I, \_\_\_\_\_, authorize Piper Arts & Learning LLC, d.b.a **Illumination Learning Studio** to charge my credit card, debit, or ACH Checking or Savings for the amount agreed upon for full or pre-arranged payments, on the agreed upon days for the payment of summer camp tuition and T-shirt replacement and fees for my child to participate in programs.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

#### Checking/Savings Account

Checking       Savings

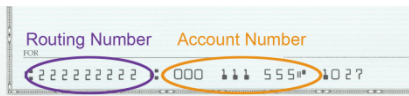
Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Account Number \_\_\_\_\_

Bank City/State \_\_\_\_\_



#### Credit Card/Debit Card

Visa       MasterCard

Amex       Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

CVV (3 digit number on back of card) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_