

Child Name: _____

2020 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 April 1st, 2020.

Before/ After Camp Options:

Before Camp 8:00-9:00am	\$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	<u>GREENWOOD</u> (Greenwood/78th)	<u>LOCKS</u> (Market/28th)	<u>BALLARD</u> (8th/Market)
Week 1: 6/22 - 6/26	Musical - Wizard of Oz Before After	Star Wars Rebels Before After	
Week 2: 6/29 - 7/3	Hogwarts Academy Before After	Art Adventures Before After	
Week 3: 7/6 - 7/10	Game Coders Before After	Musical - Wizard of Oz Before After	
Week 4: 7/13- 7/17	Star Wars Rebels Before After	Justice League Comics Before After	Ancient Archeology* Before After
Week 5: 7/20 - 7/24	Ocean Explorers Before After	Hogwarts Academy Before After	Art Adventures* Before After
Week 6: 7/27 - 7/31	Ancient Archeology Before After	Game Coders Before After	Ocean Explorers* Before After
Week 7: 8/3 - 8/7	Wreck It Ralph Brick Builders Before After	Secret Agents Spy Camp Before After	Musical - Wizard of Oz* Before After
Week 8: 8/10 - 8/14	Art Adventures Before After	Ocean Explorers Before After	Game Coders* (Field Tip Fee: \$25) Before After
Week 9: 8/17 - 8/21	Justice League Comics Before After	Ancient Archeology Before After	Star Wars Rebels Before After
Week 10: 8/24 - 8/28	Secret Agents Spy Camp Before After	Wreck It Ralph Brick Builders Before After	Hogwarts Academy 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 any and all ILS Studios, to Summer Camp Field Trips, and back. This Waiver applies to the following ILS studios: 7720 Greenwood Ave N (**Greenwood**), 2821 NW Market St (**Locks**) and 5501 8th Ave NW (**Ballard**)

Day of Travel: While enrolled in ILS 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 field 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 of injury or damages occurring during field trips.

Parent's Signature

Date

* Please note that your child will not be allowed to ride in any ILS van until the transportation waiver is signed and the emergency contact form is completed and returned to Illumination Learning Studio's Business Office. It is also important that you contact us at (206) 466-1931 if your child will not be coming to the studio on their registered days.



Complete ONLY IF you are changing the emergency contacts.

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.

Please complete the information below:

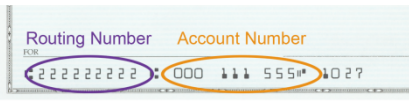
I, _____, authorize Piper Arts & Learning LLC, d.b.a **Illumination Learning Studio** to charge my credit card, debit, or ACH Checking or Savings for the amount agreed upon for full or pre-arranged payments, on the agreed upon days for the payment of summer camp tuition and T-shirt replacement and fees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

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Checking/Savings Account

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct _____	
Bank Name _____	
Bank Routing # _____	
Account Number _____	
Bank City/State _____	



Credit Card/Debit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name _____	
Account Number _____	
Exp. Date _____	
CVV (3 digit number on back of card) _____	

SIGNATURE _____

DATE _____