



Non-ILS Student Summer Camp Registration

Student's First Name: _____ Last Name: _____ Gender: _____

Address: _____ Birthdate: _____

City: _____ State: _____ Zip: _____

Parent/Legal Guardian (First Emergency Contact): _____

Relation to Child: _____ Cell Phone: _____ Email: _____

2nd Parent/Guardian or Caregiver (Second Emergency Contact): _____

Relation to Child: _____ Cell Phone: _____ Email: _____

Additional Contact: _____ Cell Phone: _____ Relation to Student: _____

Does the student have any special physical, behavioral, learning and/or other needs our staff should be aware of?

If so, please describe details _____

Note that camp costs will not be refunded if a child is asked to leave due to unsafe or repeated disruptive behaviors.

How did you hear about us? _____

Payment and Cancellation Policy (Non-Negotiable)

- I understand there is a one-time, non-refundable registration fee of \$35 for each new student.
- I understand there is a non-refundable deposit which goes toward each week's total cost.
- I understand that each week's balance is due 14-days prior to the start date of each camp.
- I understand there is a \$40 fee for any rejected debit from your financial institution.
- I understand there is a late pick-up charge of \$25.00 per every 10 minutes late; automatically charged.
- I understand that an Camp T-shirt will be provided and must be worn daily. Replacements cost \$10.00 per shirt; automatically charged.
- I consent to ILS keeping my signature on file to initiate a debit or credit card transaction on an ongoing basis in the amount due for camp tuition payments and fees.
- I understand that withdrawal must be submitted in writing, via email, and will be acknowledged in writing and that no refunds will be given within a 14-days start of camp.

Medical Consent I hereby consent to allow ILS to seek emergency medical treatment, including ambulatory transport if required, for the student named on this registration. I authorize first-aid care as necessary to preserve the life, limb and well-being of my child.

Removal from Program due to Behavioral Issues I understand that ILS has a Zero Tolerance Policy for bullying and children who do not comply may be asked to leave immediately without refund if behavior cannot be reasonably corrected.

Photo Release Agreement I understand that from time to time Illumination Learning Studio takes photos of students engaged in it's programs for use on their social media or on their website. While photos are used exclusively without identifying a student's name or other personal image, I understand that I may request any photo to be taken down.

By Signing Below, I agree I have read, understand and agree to the Payment and Cancellation Policy, the Medical Consent, Behavioral and Photo Release statements above. In addition, I have received and understand the terms and conditions Parent Handbook Studio Policies.

(Signature of Parent/Guardian)

(Printed Name)

(Date)

Child Name: _____

2021 Summer Camp Rates

Full-Day Summer Adventure Camps - Weekly Rates

Non-ILS Student Rates:

Weekly Rates and Options:

Non-Refundable Camp Deposit	\$75 (due at registration)
Balance due 14-days prior to camp	\$300
Total Cost for 9:00am - 4:00pm	\$375/week

Receive a 5% early bird discount applied to the weekly camp rate, when registered and paid in full by April 1st, 2021.

Before/ After Camp Options:

Before Camp 8:00-9:00am	\$40/week
After Camp 4:00-6:00pm	\$100/week
* Camp Field Trip/ Material Fee (Included)	\$20/week

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>BALLARD</u> (8th/Market)
Week 1: 6/21 - 6/25	Return To Hogwarts Before After	Return To Hogwarts Before After
Week 2: 6/28 - 7/2	Young Play Writers Before After	Clay Creations Before After
Week 3: 7/5 - 7/9	All The World's A Stage Before After	All The World's A Stage Before After
Week 4: 7/12- 7/16	Lego Adventures Before After	One With The Force Before After
Week 5: 7/19 - 7/23	Once Upon A Dance Before After	From Trash To Treasure Before After
Week 6: 7/26 - 7/30	All The World's A Stage Before After	Dance Here, Dance There Before After
Week 7: 8/2 - 8/6	Clay Creations Before After	Musical: Mary Poppins Before After
Week 8: 8/9 - 8/13	Return To Hogwarts Before After	POP! Art Before After
Week 9: 8/16- 8/20	Dance Here, Dance There Before After	Young Play Writers Before After
Week 10: 8/23 - 8/27	One With The Force Before After	Once Upon A Dance 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**), 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.



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: _____



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:

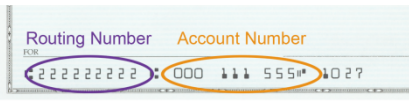
I, _____, authorize Piper Arts & Learning LLC, d.b.a **Illumination Learning Studio** to charge my credit card, debit, or ACH Checking or Savings for the amount agreed upon for full or pre-arranged payments, on the agreed upon days for the payment of summer camp tuition and T-shirt replacement and fees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