

**2021-2022
CAMP CALVARY
BEFORE & AFTER SCHOOL PROGRAM**

Camp Calvary is our before and after school program that Calvary Academy offers for children in 1st- 6th grades. Our morning hours are from 7:00am – 8:00am with cold breakfast served at approximately 7:30am.

Our after school hours are from 3:00pm – 5:30 pm with an afternoon snack served at approximately 4:00pm.

RATES: (ALL VERTICAL EXTREME CHARGES WILL HAVE TO BE PAID IN FULL BEFORE WE CAN ENROLL YOUR CHILD IN CAMP CALVARY).

Rates will be \$65 per week for morning and afternoon care.

\$27 per week for morning only.

\$38 per week for afternoon only.

If the child is here two days or less it is half of this rate. Three days or more is the full rate.

The fee for a full week when school is not in session is \$155 or \$40 per day.

The fee for a ½ dismissal is \$27.

Occasional drop-in care (on a school day) will be \$10 for the morning and \$15 for the afternoon.

PAYMENT POLICY:

One week's payment is expected in advance. If an account carries a balance of more than 2 weeks we will not be able to provide Camp Calvary services until the account is paid in full.

Any family using Community Child Care Connection or any other child care provider service will have to submit the proper paperwork. Until we receive your approval sheets your account will be billed as a private pay.

REQUIRED DOCUMENTS:

Before a family can be enrolled in our Camp Calvary program the following documents have to be completed and handed in.

- Camp Calvary Contract
- Camp Calvary Sign Up Sheet

PLEASE LABEL ALL PERSONAL BELONGINGS!

CAMP CALVARY

PARENT'S CONTRACT

This agreement, dated _____ day of _____, 20____, entered into by and between CAMP CALVARY, AND _____, hereinafter called PARENTS.

Home Address: _____

| Student(s)' Name | Birthdate MO / DAY / YEAR | Allergies, Conditions or Physical Defects | Grade Entering | Sex | Start Date |
|------------------|------------------------------|--|-------------------|-----|------------|
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EMERGENCY/MEDICAL CARE

If there is an accident or emergency, we may be contacted at our place of employment or if you cannot reach us, please call the emergency contact name:

Parent/Guardian: _____ Work Phone _____ Cell _____

Parent/Guardian: _____ Work Phone _____ Cell _____

Emergency Contact: _____ Work Phone _____ Cell _____

I/We authorize Camp Calvary to secure EMERGENCY medical care for my child(ren) when we cannot be reached. Our family physician is _____ (phone _____) and our hospital preference is _____.

I/We also authorize Camp Calvary to administer prescribed medicines to my child as specified.

I/We hereby give permission for Camp Calvary staff to administer aspirin-free tablets as follows to my child when necessary.

Yes _____ No _____ # of tablets _____ Children's Strength _____ Adult Strength _____

CHILD PICK-UP

I/We authorize ONLY (name) _____ (phone number) _____

and/or (name) _____ (phone number) _____ to pick up my child when I/We are unavailable. If there are any changes, please notify Camp Calvary in writing as soon as possible.

I/We consent to the following agreements concerning the care of my child(ren):

I/We authorize Camp Calvary to take my child(ren) on walking trips, special excursions, and to nearby public park facilities. I/We also authorize the child to ride as a passenger in the vehicle owned or leased by Camp Calvary as long as there is adequate supervision and safety precautions taken.

I/We will pay one week of care at the time of admission. After that, I/We will pay the weekly rate as described above on this contract, every Monday, one week in advance. I/We understand I/We will be charged 2% interest if the amount is not paid in full by the last day of each month. As well as a \$10 charge per child for all or any part of each 15 minute segments that I/We do not pick up our child(ren) promptly by 5:30 p.m. nightly or at 12 noon on the three half day holidays.

I/We will be willing to consult with the Director of Camp Calvary about the child's growth, development, behavior, etc., at a time to be arranged. When I/We wish to withdraw my child, I/We will notify Camp Calvary two weeks in advance. I/We will try to be cooperative with Camp Calvary in future plans and will bring any grievances to the Director immediately.

Camp Calvary or other media has permission to photograph my child(ren) in group activity if they wish to do so for publicity reasons.

I/We understand Bible classes will be conducted when school is not in session.

On days when school is not in session, please notify Camp Calvary if your child will not be brought in until after 9:30 a.m. so our lunch count will be correct.

I/We understand all of the above charges and agree to make all payments on a timely basis. If payments are not paid weekly, a service charge of 2% will be added to my monthly statement on any unpaid balance. In the event a responsible party fails to make payments or perform the covenants herein received of responsible party, responsible party agrees to pay in addition received hereby all cost of collection including reasonable attorney fees and court cost incurred by Camp Calvary as a result thereof.

These things I/We have agreed upon and will abide by them.

Mother's Signature: _____

S.S. # : _____

Father's Signature: _____

S.S. # : _____

Legal Guardian: _____

S.S. # : _____

Child's Name: _____

Date: _____

Approved by Camp Calvary Director: _____

Camp Calvary is licensed exempt.

CAMP CALVARY
1730 W. Jefferson Street - Springfield, IL 62702
(217) 546.5987 x245 or after 4:30 x220

1. Our weekly charge is based on the time spent in Camp Calvary. Upon enrollment, you must register the type of service you require. One week's tuition shall be paid at registration. Each week's tuition is to be paid on Monday, one week in advance. A full weekly rate will be assessed to any child present three or more days a week.

A 2% finance charge is applied to any unpaid balance on the last day of the month. Persistent delinquent accounts will be terminated and turned over to the credit bureau. One week notice of termination is required. You are responsible to meet the financial obligation of your contract regardless of your child's attendance or participation.
2. When delivering your child(ren) a designated adult is required to check them in each morning and check them out each evening in the Academy building. No one but those you have designated will be allowed to check your child out of Camp Calvary. This precaution is taken for the protection of your child. (Personal information concerning the child or family is not released without the parent/guardian's written permission, i.e. birthday invitations, etc.) Camp Calvary meets in the cafeteria between 7 & 8 each morning. After school hours, Camp Calvary is in the gym from 3-3:30, 3:30-4 in room #161, snacks are served at 4 in the cafeteria and following snacks they return to room 161. When the weather and playground schedule allows, Camp Calvary will go to the playground and at times the gym. The Camp Calvary staff will post this info at room #161. On days/afternoons when Calvary is not in session, the CC staff will provide the parent/guardian with a schedule of planned activities.
3. There is a \$10 charge per child for all or any part of each 15 minute segments for parents who do not pick up their children promptly by 5:30 p.m. nightly or at 12 noon on the three half day holidays.
4. Holidays observed by Camp Calvary are as follows: New Year's Day, Memorial Day, Labor Day, Thanksgiving Day and the Friday after Thanksgiving, and Christmas Day. Half days are Good Friday, Christmas Eve and New Year's Eve. Camp Calvary parents/guardians are surveyed to determine whether or not there are sufficient students signed up for the half or full days when the Academy is not in session. Once this survey is completed, you will be notified as to whether or not Camp Calvary will remain open for each of these days.
5. Teachers will make a morning health check to examine your child(ren) for signs of illness. This is why it is necessary for you to wait for your child to be checked in each morning. Children exhibiting the following symptoms will not be admitted for the day: fever, diarrhea, vomiting, sore throat, combinations of cold symptoms, or other indications of contagious disease. If a child becomes ill while at Camp Calvary, he/she will be removed from the group until the parents are notified and can pick the child up. Children should be free of fever, diarrhea and vomiting for 24 hours before returning to Camp Calvary.
6. If your child is to receive medication during Camp Calvary hours, the State requires that it be a personal prescription filled by a pharmacist on a physician's order, and the label bear the number, name of drug, date of prescription, and directions for administering. We are required by the State to keep a record of the date, hour, and person administering any medication. Non-prescription medicine may be administered when the appropriate release form is on file.
7. Children who do not profit from this group will be dismissed after counsel with the parents. We will make referrals or advise concerning placement.
8. Inform the Director of changes in address, home or work phone numbers, and emergency phone numbers.
9. Toys! You must assume responsibility for your child(ren)'s toys. Bring safe, non-breakable toys. We will not assume responsibility for lost or broken toys.
10. Firearms are prohibited on the premises.

Camp Calvary is licensed exempt.