



**Les Explorers Summer Camp**  
**June 11 - July 20, 2012**

Child's Full Name \_\_\_\_\_ Preferred or Nickname \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Gender \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

Main phone number at which we can reach you in case of emergency \_\_\_\_\_

Main email address (used for billing): \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Cell phone number \_\_\_\_\_ Mother's Cell phone number \_\_\_\_\_

**I would like to enroll my child**

**A. on the following weeks**

**Week 1**  
6/11-6/15

**Week 2**  
6/18-6/22

**Week 3**  
6/25-6/29

**Week 4**  
7/02\*-7/06

**Week 5**  
7/9-7/13

**Week 6**  
7/16-7/20

*\*closed Wednesday, July 4, for Independence Day*

**B. in the following program**

- Full day: 9:00 a.m. – 3:30 p.m.
- Half day, morning classes: 9:00 a.m. - 1:00 p.m.
- Half day, afternoon classes: 11:30 a.m. - 3:30 PM.

**C. How did you learn about us?**

- Magazine/Newspaper (which? \_\_\_\_\_)  Website (which? \_\_\_\_\_)
- Radio  Camp fair  Friends

**D. New Camper Referral (if applicable)**

Which new family are you referring to AIS? \_\_\_\_\_ or

Who referred you to AIS? \_\_\_\_\_

**Austin International School Les Explorers Summer Camp  
Terms of Enrollment – Please read and sign below.**

**Tuition per week, through March 14, 2012:**

Full days: \$250 ♦ Half days: \$180

(Non-refundable \$125 deposit and \$25 registration fee)

**Tuition per week, beginning March 15, 2012:**

Full days: \$275 ♦ Half days: \$180

(Non-refundable \$250 deposit and \$25 registration fee)

1. Registration for Les Explorers Summer Camp is open to all children from ages 3 to 12, and children are required to be potty trained. Registration is considered complete when the Registration Form is completely filled out and the corresponding deposit and registration fee paid. Deposits are never waived and are mandatory until May 1, 2012.

2. Registration is available on a first-come first-served basis. Registrations are accepted until reaching capacity. Pricing includes weekly tuition plus shoulder bag, pencil, field trip and class guests; lunch and snacks are not provided. If a class reaches capacity, a waiting list will be developed and every effort will be made to create additional spaces. AIS has the right to cancel any class due to insufficient registration. If that should happen, a full refund will be provided.

3. All forms must be submitted at time of deposit. If fees are not paid on time, AIS reserves the right to cancel the student's registration without further notice. Billing is via email and we will send invoices to the main email address listed on page one of this application. To receive the special pricing offered through January 31, the balance must be paid in full by January 31 (\$125 deposit); special pricing from February 1 through March 14 requires balance due by March 14 (\$125 deposit); pricing for March 15 through May 1 requires balance due by May 1 (\$250 deposit). Registrations from May 2 onwards require payment in full at time of registration.

4. No refunds will be made for absences or withdrawals during the camp. In the case of extended illness or accidents, a doctor's note is required in order to receive a pro-rated refund. Paid camp tuitions are non-transferable. All changes must be in writing and sent to the Head of School. Requests for refunds must be in writing.

At no point will we refund the deposit or registration fee. No refunds whatsoever on or after June 11, 2012. Refunds, of tuition fees only, are based on proximity to camp start and are staggered as follows:

- By 3/1/2012: 100 percent of tuition
- By 4/1/2012: 75 percent of tuition
- By 5/1/2012: 50 percent of tuition
- By 6/1/2012: 25 percent of tuition

5. It is understood that the parent or guardian signing the application certifies that their child will follow all rules and regulations, and will abide by all decisions by the camp administration. In the event that the rules are broken, proper action will be taken by the camp administration. If there is no change in behavior, the child will be dismissed without a refund. In the event the child causes damage to another person or property, the parent or guardian will be liable for all damages incurred.

6. Student's medication and medical concerns must be indicated on the student's registration form. Students will not be allowed to attend a single day of camp unless all paperwork is complete.

7. In case of a medical emergency, all efforts will be made to contact the parent or emergency contacts and the child's doctor. In the event that this is not possible, the parent hereby gives permission to the physician selected by the Head of School to hospitalize, secure proper treatment for, and to order injection, anesthesia or other procedures to stabilize the camper's condition.

\_\_\_\_\_  
Name & Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Return all forms by mail or in person to:** Austin International School, 12001 Oak Knoll Drive, Austin, TX 78759

<b>For AIS office use only</b>	Week 1	Price per week
Price per week	Week 2	Total
Referral credit Y N	Week 3	Registration
Date received	Week 4	Deposit
Total received	Week 5	Balance due
	Week 6	

**NAME OF CHILD** \_\_\_\_\_

**PICK UP INFORMATION**

I authorize the following individuals to pick up my child from school ANYTIME, apart from child's parents.

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Additional parties who you wish to allow for pick-up will be received on a case by case basis provided you give the school notice, in writing via email, as soon as possible prior to pick-up. AIS administration may verify the source of the email by confirming with you by telephone.

**In Case of Emergencies**, the following individuals can be called in case of an emergency **if I/we cannot be reached**, and I authorize these individuals to come and get my child:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

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**EMERGENCY MEDICAL AND LIABILITY RELEASE**

I, the undersigned, am the parent/legal guardian of the \_\_\_\_\_, who is enrolled at Austin International School.

By signing this document, I confirm that:

1. I wish to have my child registered in the program of Austin International School and to have him/her participate in any activities during the program;
2. I release Austin International School, it's directors, teachers, employees and volunteers (AIS staff) assisting during the summer camp and academic year from any liability in connection with my child's participation in any events and activities of Austin International School, which includes, without limitation, any liability related to an accident, an injury or illness suffered by my child;
3. I authorize Austin International School and persons associated therewith to consent to medical treatment for my child, to select the medical personnel, hospitals and/or clinics to treat my child in case of any accident, injury or illness that may occur;
4. In the event of an emergency, I authorize Austin International School to contact my child's doctor, to administer first aid, to take my child to a clinic or hospital (emergency room) or to take any other action deemed necessary by the school or its employees.

\_\_\_\_\_  
**Signature of Parent or Guardian**

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

**MEDICAL / WELLNESS INFORMATION**

\_\_\_\_ **My initials** acknowledge that I understand that parents and/or guardians provide their own children's meals and snacks while they are in care at Austin International School (AIS). I agree that AIS is not responsible for the nutritional value of my child's food or for meeting his/her daily food needs.

Please list any and all allergies and medications that this child has, and any other additional information about his or her health that we need to know about:

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

Physician's Name \_\_\_\_\_

Physician's Address \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

**If your child attends school during the school year:** My child attends the following school and his / her immunization record is on file at the school, all required immunizations and screenings are current, and vision and hearing screening records are also on file:

School name and address: \_\_\_\_\_

School phone #: \_\_\_\_\_

**If your child does not attend school during the school year (Pre-K or home school):** Please attach a signed and dated copy of a health care professional's statement and/or request a wellness form from AIS to be completed by your child's physician.



**PHOTO / MEDIA RELEASE**

During our academic school year and our summer camp, we may have activities at Austin International School which may include photographing, filming, sound recording, and/or videotaping your child. These photographs will not identify children by name, and will also include group photographs such as those we take in class or on the playground. These include: Newsletters, the school website, marketing and public relations publications, brochures, advertisements or videos; and other publications by the school, its students, or its parents' organization. Photographs or videotapes made by a state agency, such as the Texas Department of Family and Protective Services (TDFPS) for their purposes. Photos or videos on the main page and group for AIS on Facebook (\*\*Disclaimer: *You may read Facebook's Statement of Rights and Responsibilities at: <http://www.facebook.com/terms.php>.*)

I Give Permission \_\_\_\_\_ **OR** I Deny Permission \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Guardian**

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