



Summer Camp Application

School Year : _____

Camper Information

Name: _____ Date of Birth: _____ / _____ / _____

Age: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () - Camper Cell Phone: () -

Gender (Circle One): Male Female

Is your Child a Returning Camper (Circle One): Yes No

T Shirt Size (Circle One): Child: S M L XL Adult: S M L XL XXL

Current School: _____ Current Grade Level: _____

Parent/Guardian Information 1

Name: _____ Relationship to Participant: _____

Street Address: _____ Apt Number: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () - Cell Phone: () -

Is the Above Person Authorized to Pick-Up My Child at the End of Each Day or in the Event of an Emergency: Yes No

Employer (if unemployed, write "None"): _____ Work Phone: () -



Parent/Guardian 2

Name: _____ Relationship to Participant: _____

Street Address: _____ Apt Number: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () - Cell Phone: () -

Is the Above Person Authorized to Pick-Up My Child at the End of Each Day or in the Event of an Emergency: Yes No

Employer (if unemployed, write "None"): _____ Work Phone: () -

How did you learn about us?

Online Search Newspaper Referral

If referral, please specify who referred you to us?

If you have referred a family to our summer camp this year, please provide the name of the new camper (s) ([You are eligible for 10% discount per family referral](#)):

If online search, please specify the search tool/website: _____

If newspaper/magazines, please specify which one _____

I would like to enroll my child on the following weeks and in the following Program (minimum of two weeks enrollment required). Please note that depending on the school year, the **number of weeks of June camp may vary from 2 to 4 weeks of camp**. Please check on the number of weeks of camp offered for the current school year by emailing us at enrollment@austinfrenchschool.org or enrollment@austinfrenchforkids.org

Week 1 .. /.. /..

Week 3 .. /.. /..

Week 2 .. /.. /..

Week 4 .. /.. /..



Our JJR students will leave for France in July for an overseas/overnight summer camps. Non-JJR students may be eligible. If you are applying for July summer camps, please contact directly the school for spots and camp availability, via email at enrollment@austinfrenchforkids.org, subject line: **July Summer Camp**

Emergency Contact Information

The first attempt will be made to contact the camper's parents/guardians. Emergency Contacts listed below must be able to pick your child up in the event of an emergency.

Emergency Contact 1

Name: _____ Relationship to Participant: _____

Home Phone: () - Cell Phone: () - Work Phone: () -

Is the Above Person Authorized to Pick-Up My Child at the End of Each Day or in the Event of an Emergency: Yes No

Emergency Contact 2

Name: _____ Relationship to Participant: _____

Home Phone: () - Cell Phone: () - Work Phone: () -

Is the Above Person Authorized to Pick-Up My Child at the End of Each Day or in the Event of an Emergency: Yes No

Additional Authorized Pick-up

1. _____
(Name) (Contact #) (Relationship)

2. _____
(Name) (Contact #) (Relationship)

All campers must be picked up by the person (s) authorized by the registering parent/guardian.



Tuition is per student/per week:

- ◆ Please check the weekly rate for our current year summer camp on our website at www.austinfrenchschool.org.
- ◆ Early Bird enrollment **before March 1st** offers a discounted rate per week.
- ◆ Please note that there is an additional fee for after camp care: \$50/week or \$10/day

Refunds: If a session is cancelled due to low enrollment, a full refund will be issued. If a class is not canceled and refund is requested, a reimbursement will be made **on and before April 1st. No Refund will be given after April 1st.** If camper is enrolled for camp after April 1st, no refund will be given in case of voluntary cancellation. No refund will be given once camp starts for any of the weeks of summer camps, **unless** camp is cancelled by the program due to low enrollment.

No Refund will be given after April 1st.

Camp attire: Comfortable attire is required such as tee-shirts, shorts and tennis shoes.

Lunch: All campers must bring a cold lunch and snacks that do not require heating and a beverage. Please provide your child with a bottle of water with their name on it.

Terms and Conditions of Enrollment

1. A minimum of **two weeks** are required for enrollment, consecutive or not. We strongly recommend consecutive enrollment for our summer camps.
2. Full Payments of **two weeks** must be made at the time of enrollment for camp. All remaining weekly camp payments are due by the first day of Camp.

Parent/Guardian

Signature

Date



3. No child will be permitted to attend camp without deposit and/or the minimum of two weeks payments. Checks should be made out to *Ecole Jean-Jacques Rousseau*.
4. No child will be properly enrolled in our summer camp without the following paperwork completed and up to date by April 1st.
5. The medical form and copies of their immunization record and insurance card are due by Day 1 of camp.
6. No refund will be granted if the camper leaves camp on his/her own account or is removed from camp due to an inability to adjust or is unable to function adequately or to comply with the camp rules. There is no reduction or refund based on missed days due to absence, illness or to early withdrawal.
7. I am aware that my child must follow the rules and regulations of the summer camp program and may be terminated from *Ecole Jean-Jacques Rousseau* summer camp if he or she does not comply.
8. I hereby consent to the taking of photographs, movies, Internet use, and videotapes, of my child by Ecole Jean-Jacques Rousseau or its designated representatives. I also grant the right to edit, use, and re-use said products for any and all educational, public service, or not for profit purposes by *Ecole Jean-Jacques Rousseau* and release any and all rights, title, and interest we or the child may have in said products. Photocopies and facsimiles of this Release and consent shall have the same legal effect as the original.

Grant Permission

Do NOT Grant Permission

7. *Ecole Jean-Jacques Rousseau* reserves the right to cancel a program for insufficient number of students.

7. *Ecole Jean-Jacques Rousseau* is not responsible for any personal items that are lost stolen or damaged while attending camp.

Parent/Guardian

Signature

Date



8. I consent that in an emergency Ecole Jean-Jacques Rousseau, its representatives and staff may obtain medical treatment if necessary. I understand that if medical treatment is deemed necessary I will be informed as soon as possible.

9. I reviewed the application and all the information provided is accurate and true. I agree to the terms and conditions.

Parent/Guardian

Signature

Date

Please return all forms along with full two weeks payment (cash or check only) to:

Ecole Jean-Jacques Rousseau
11607 North Lamar Blvd
Austin TX 78753

HEALTH INFORMATION FORM

List any specific medical conditions or behavioral problems?

Does your child have any other allergies (food, hay fever, etc)? Yes No

If so, please list:

Are there any activities in which your child may not participate? Yes No

If so, please list:

Are there conditions or specific needs that require special attention? Yes No

If so, please list:

Will your child be taking medication during camp hours? If yes, please list below.

Please pack all medication in a sealed container, clearly labeled with your child's name, age, medication, dosage and time and deliver to your child's teacher for the week.

Medication: _____ Time: _____

Medication: _____ Time: _____



The information listed on this health information form is correct to the best of my knowledge, and the camper described herein has permission to engage in all prescribed camp activities, except as noted on this form.

I, _____ as parent/guardian, authorize Ecole Jean-Jacques Rousseau personnel to seek emergency treatment as required and to transport my child to the appropriate medical facility in the event that urgent/emergency care is necessary.

Signature _____ Date _____

SIGNATURE REQUIRED

Rules & Regulations

I will be respectful to others at all times.

Child will not use profanity.

Child understands that no horseplay is allowed.

Child will stay with my assigned team & team leader

Child understands that Parent/Guardian may be called to pick me up for continuous disruptive behavior of the child

Child will NOT leave the facility at any time until pick-up time

NO Kicking, Hitting, Spitting, Fighting, or Shoving

NO Running

NO gum is allowed

NO food is allowed except during lunch or snack time

NO personal toys or items are allowed

NO Food sharing is allowed

NO material deterioration is allowed

NO cell phones are allowed

Camper's Name: _____

Camper's Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____