



230 NE 9<sup>th</sup> St., Bend, OR 97701 • (541) 419-3324 • info@samaralearningcenter.org • www.samaralearningcenter.org

## ACHIEVEMENT SUMMER CAMP ENROLLMENT

### I. GENERAL INFORMATION

Date: \_\_\_\_\_

#### Student Information

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Name of person(s) with whom child lives (if not parents): \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

#### Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ e-mail \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ e-mail \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_

Additional Parent/Guardian Name: \_\_\_\_\_ e-mail \_\_\_\_\_

Primary phone: ( ) \_\_\_\_\_

Additional Parent/Guardian: \_\_\_\_\_ e-mail \_\_\_\_\_

Primary phone: ( ) \_\_\_\_\_

### II. School History: Current School Placement (will attend in the Fall)

School presently attending: \_\_\_\_\_ Current grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Date started: \_\_\_\_\_

## Identify your child's strengths and areas of need.

	above grade level	at grade level	below grade level	
	<u><b>STRENGTH</b></u>	<u><b>OK</b></u>	<u><b>NEED</b></u>	(please describe)
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/>
Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/>
Decoding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/>
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/>
Staying on Task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/> <hr/>

**Note:** If your child has a **504** or **IEP**, please feel free to attach a copy of the document, goals, and accommodations. Procedural safeguards under the Individual with Disabilities Education Act (IDEA) and Family Educational Rights and Privacy Act (FERPA) are followed at Samara Learning Center. Samara has licensed special education teachers on staff and is happy to discuss accommodations and modifications. Please note that if an enrolled child displays behaviors that pose safety concerns for other students, staff, or property, the child may lose the privilege of attending for a determined amount or remaining portion of the program without a refund.

**COST:** Includes all academic supplies, craft/art materials, and field trip costs. Camps run on the following weeks:    Paid on or before 6/1/2020 = \$230/week        Paid after 6/1/2020 = \$275/week

- |  |  |
|--|--|
| <input type="checkbox"/> Week 1: 7/6 - 7/10  | <input type="checkbox"/> Week 5: 8/3 - 8/7   |
| <input type="checkbox"/> Week 2: 7/14 - 7/17 | <input type="checkbox"/> Week 6: 8/10 - 8/14 |
| <input type="checkbox"/> Week 3: 7/20 - 7/24 | <input type="checkbox"/> Week 7: 8/17 - 8/21 |
| <input type="checkbox"/> Week 4: 7/27 - 7/31 | <input type="checkbox"/> Week 8: 8/24 - 8/28 |

<p><b><u>Forms of Payment Accepted:</u></b></p> <ul style="list-style-type: none"><li>● Cash</li><li>● Check</li><li>● Money Order</li><li>● Credit Card (with a 2.9% + \$.30 additional charge.)</li></ul>
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NUMBER OF WEEKS signed up \_\_\_\_\_

PAYMENT TOTAL Due: \_\_\_\_\_

Email application to: [info@samaralearningcenter.org](mailto:info@samaralearningcenter.org) or mail your form and payment to:  
Samara Learning Center, 230 NE 9<sup>th</sup> St., Bend, OR 97701

**CANCELLATION POLICY:** Please notify Samara as soon as possible if you must cancel your registration for any reason. If you cancel, more than three weeks out, you will receive a 75% refund. A 50% refund will be given to cancellations made two weeks prior to the first day of camp. Cancellations made less than two weeks prior to the first day of camp will not be refunded. Be aware that refunds will not be given for partial or unattended days.

Please sign below to confirm that the information on this application is complete, correct, and accurate to the best of your knowledge.

Child's name: \_\_\_\_\_

Parent's/Guardian's name: Printed \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **Consent Statement -Medical Release Permission Form**

I, the undersigned parent or guardian, do hereby grant permission for my child whose name is

\_\_\_\_\_ and hereinafter shall be referred to as a “participant” to participate in a program at/through the **Samara Learning Center**. The participant may receive necessary medical treatment in the event of injury or illness. I hereby hold the Samara Learning Center, Heather Chatem, all staff members, and its representatives harmless in the exercise of the authority. I further acknowledge and understand and agree that in taking part in this Samara Learning Center’s program, there is a possibility of physical illness or injury and the participant is assuming the risk of such injury by participating. I agree to allow a hospital, doctor, or qualified medical professional to treat my child in the case of injury or illness.

### **Emergency Information**

Child’s Name: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian’s Name \_\_\_\_\_

Home Address \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Insurance Name: \_\_\_\_\_

Policy and Group Numbers: \_\_\_\_\_

ALLERGIES \_\_\_\_\_

Current Medications: \_\_\_\_\_

# Web, Social Media, & Marketing Release Form

☐

**YES**, the Samara Learning Center, Samara's collaborators or news/information based publication may post photographs and/or videos of my child and their work on electronic media and promotional/news/informational material, including but not limited to: web pages, social media, or newspaper/magazine articles. Your child's name will not be associated with any of the pictures unless you are specifically contacted and you give your permission for the use of your child's name for each specific use.

☐

**NO**, I would prefer that the Samara Learning Center, Samara's collaborators or news/information based publication NOT post photographs and/or videos of my child and their work on electronic media and promotional/news/informational material, including but not limited to: web pages, social media, newspaper, or magazines.

Child's name: \_\_\_\_\_

Parent's/Guardian's name: Signature \_\_\_\_\_

Printed \_\_\_\_\_

Date: \_\_\_\_\_