

RSIOC Summer Camp 2019: International Space Explorers

Camp Dates: June 24 – August 16

Camp Hours: 9am – 3pm

Registration Form

Summer Camp Fees for Pre-K & Academic Workshop (6+)

Please check the session(s) in which you would like to enroll for student.

- Session I (June 24 – July 19)
Rates: \$1,170/session \$350/week (*\$210 for week of 7/1) \$85/day
 June 24 – June 28 July 1 – July 3 July 8 – July 12 July 15 – July 19
- Session I Extended Care: \$450/session \$120/week \$25/day
AM Extended Care (8:00AM-9AM)
PM Extended Care (3PM-5: 30PM) -- \$1/min after 5:30pm
- Session I Academic Workshop*: \$1,500
- Session II (July 24 - Aug 18)
Rates: \$1,300/session \$350/week \$85/day
 July 22 – Aug 26 July 29 – Aug 2 Aug 5 – Aug 9 Aug 12 – Aug 16
- Session II Extended Care: \$450/session \$120/week \$25/day
AM Extended Care (8:00AM-9AM)
PM Extended Care (3PM-5: 30PM) -- \$1/min after 5:30pm
- Session II Academic Workshop*: \$1,700
*Academic Workshop is a personalized tutoring program for current or new RSIOC students, age 6+, who need to catch up in one or more specific academic areas.

Discount: \$100 off if enrolled by March 29th. Discount only applies for 5 days/week enrollment.

*****Note: Camp Fees are due in full with registration form. *No camp on July 4th and July 5th.******

Please select Program/Age Level:

- Little Martians (18mo.- 2yr) Super Novas (Ages 2-3) Star Gazers (Ages 3-5)
- Space Frontiers (**Academic Workshop** for Ages 6+)

Language Exposure Camp Fees for Elementary & Jr. High

Camp Dates: June 24 – July 3

Camp Hours: 9am – 3pm

- Rate: \$499/session, enrollment based on entire session. No daily option. No discount offer.
- Extended Care: \$190/session \$25/day
AM Extended Care (8:00AM-9AM)
PM Extended Care (3PM-5: 30PM) -- \$1/min after 5:30pm

Please select Program/Age Level:

- Cosmic Astronauts (Ages 5-7) Solar Explorers (Ages 7+)

Student's name: _____ T-shirt size: _____

Date Of Birth: _____ Gender: _____ Phone: _____

Address: _____

Total amount enclosed: _____ Check #: _____ ; or, charge my school account: _____

* Make checks payable to Renaissance School International, OC (There are no refunds or credits for missed classes.)

I, _____, hereby give permission for my child, _____
(Parent/guardian's name) (Child's name)

to participate in the RSIOC Summer Camp 2019. In consideration of permission granted to the above-named student to attend the summer camp, I hereby release and discharge the JWM Global Education, Inc. DBA Renaissance School International, Orange County (RSIOC), its franchisor, its agents, employees, officers and board members and others affiliated with the RSIOC from all claims, demands, actions, judgments, execution, and liabilities for all personal injuries, known or unknown, and injuries to property, real or personal, caused by, or arising out of, the RSIOC summer camp. I also agree to binding arbitration in the event of a serious conflict, disagreement or dispute is brought by me, my family and/or my child against the RSIOC, its employees, its board of directors, its agents, its volunteers, and/or others affiliated with the school.

I further hereby authorize a representative of the RSIOC to consent to medical treatment of the above-named student in the event of an emergency during the summer camp.

I, the undersigned, have read this release and understand all its terms including the consent to medical treatment. I execute it voluntarily and with full knowledge of its significance.

Medical concerns/Allergies: _____

Children who are not currently enrolled with RSIOC will need to provide California State Health Form or a Standard Pediatrics Well-Child Form by June 3, 2019 along with the camp balance in order to join the camp.

Additional Information:

Parent's cell phone: _____ Parent's cell phone: _____

Parent's email: _____ Parent's email: _____

Emergency Contact Name: _____

Relation to Student: _____

Phone Number: _____

If two or more parents/guardians have parental rights/custody, all must sign.

JWM Global Education, Inc.

Authorization to Release Summer 2019

Student's Name: _____ (one form per child)

Date Completed: _____ (check one below)

I authorize the following people to pick-up my child, _____, from the Renaissance School International, Orange County Campus.

Full Name: _____ Driver's License #: _____

Full Name: _____ Driver's License #: _____

Full Name: _____ Driver's License #: _____

Full Name: _____ Driver's License #: _____

Full Name: _____ Driver's License #: _____

Full Name: _____ Driver's License #: _____

Full Name: _____ Driver's License #: _____

Full Name: _____ Driver's License #: _____

Full Name: _____ Driver's License #: _____

Full Name: _____ Driver's License #: _____

I understand once I add a name to this list, my child will be released to the person on the list without notifying me.

_____ Printed Name

_____ Signature Date

_____ Printed Name

_____ Signature Date

If two or more parents/guardians have parental rights/custody, all must sign.