**Blazing Trails All Ages (5 thru 12) Summer Registration Form – 2024**

### Office Use Only

# Reg. Paid: Check #:

□ Packet sent on

Handbook Sent:\_\_\_\_\_ D□ R□ B□ L□

Information Entered:

Com: Off. File: Parent File:

Please attach a **$50.00 Registration Fee** to this completed form and return both to BT office. Registration fees are non-refundable

and are required to reserve a spot. We must receive both the fee and the completed form to hold your place.

(This form is valid June 24 - August 16, 2024.)

**FIELD TRIP INFORMATION**

Any students new to BT **MUST** schedule at least one full day at our Pathfinder site **BEFORE** attending a walking fieldtrip. This policy is for your child’s safety and comfort.

For the 2024 summer, all field trips will be walking or local due to the current pandemic. For more information about possible trips, please speak with a Blazing Trails staff member.

## Child Information & Schedule

##  Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade for 24-25\_\_\_\_\_\_\_ DoB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Allergies/Asthma/Medical issue?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Pronouns

**Parent /Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent /Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_ City/State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Preferred Pronouns:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Preferred Pronouns:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Cell** phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell** phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Work** phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work** phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

□ E-mail my monthly invoice in PDF format. □ E-mail my monthly invoice in PDF format.

 Send my monthly invoice by mail.  Send my monthly invoice by mail.

**PLEASE INDICATE THE DATES YOUR CHILD WILL ATTEND BT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Wk 1** | **June 24** **Monday** | **June 25** **Tuesday** | **June 26** **Wednesday** | **June 27****Thursday** | **June 28****Friday** |
| **Wk 2** | **July 1****Monday** | **July 2** **Tuesday** | **July 3** **Wednesday** | **July 4****Thursday** |  **July 5****Friday** |
| **Wk 3** | **July 8****Monday** | **July 9****Tuesday** | **July 10** **Wednesday** | **July 11****Thursday** | **July 12****Friday** |
| **Wk 4** | **July 15****Monday** | **July 16****Tuesday** | **July 17** **Wednesday** | **July 18****Thursday** | **July 19****Friday** |
| **Wk 5** | **July 22****Monday** | **July 23****Tuesday** | **July 24** **Wednesday** | **July 25****Thursday** | **July 26****Friday** |
| **Wk 6** | **July 29****Monday** | **July 30****Tuesday** | **July 31** **Wednesday** | **August 1****Thursday** | **August 2****Friday** |
| **Wk 7** | **August 5****Monday** | **August 6****Tuesday** | **August 7****Wednesday** | **August 8****Thursday** | **August 9****Friday** |
| **Wk 8** | **August 12****Monday** | **August 13****Tuesday** | **August 14****Wednesday** | **August 15****Thursday** | **August 16****Friday** |

**Sun Screen Application Permission**

I give permission for Blazing Trails’ staff to help my child apply (personal supply or BT bulk – zinc and/or titanium oxide) sun-screen or to apply sunscreen directly as needed to exposed skin (e.g. face, ears, neck, exposed shoulders, arms, legs, etc.). I understand that it is my responsibility to ensure that my child has received the first application of sunscreen at or before signing-in each day. If my child has sensitive skin or allergies, I agree to supply sunscreen for my child to keep at B.T. If I don’t, staff will use Blazing Trails’ sunscreen supply in good faith as agreed upon by signing this release. I agree and understand that:

* Blazing Trails is **NOT** responsible or liable for **SUNBURNED** skin or its results, if I deny or omit this permission or, if a burn results while following product directions.
* Blazing Trails is **NOT** responsible for any negative reactions, adverse results and/or any unforeseen consequences, if I **DON’T** supply permission and/or an appropriate product and/or quantity for my child.
* Permission is active for 6 months from the date signed.

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

Signature of parent/legal guardian

**Blazing Trails Summer**

**Summer 2024 Tuition Agreement**

**Summer Camp Rates & Other Fees**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 day/wk | 2 days/wk | 3 days/wk | 4 days/wk | 5 days/wk |
| $72.00 | $133.00 | $182.00 | $223.00 | $264.00 |

All Day drop-in rate: $65.00 – for any days added to your schedule Returned check fee: $10.00 plus any bank fees (usually around $20)

Late pick-up: $5.00 for each five minutes starting at 6:05 PM Missing Lunch: $5.00 for B.T. provided lunchtime food during “All Day”

Late payment fee: $10.00 for payments received after the 10th of the month Missing Water Bottle $1.00 for B.T. provided water bottles

**Student’s Name:**

**Please, INITIAL each agreement and SIGN at the bottom. Return to Blazing Trails’ office.**

\_\_\_\_\_\_ 1. A **NON**-**REFUNDABLE** registration fee of **$50.00** per child is payable at the time of registration. Only a paid registration fee will guarantee a placement.

\_\_\_\_\_\_ 2. My total summer tuition is . (See other side for schedule & above for prices.) I understand that this amount will be divided according to my schedule in June (1 week), July (5 weeks) and August (2 weeks) and will be billed at the beginning of each month. Drop-ins and late fees (See “Late Fees” in the Family Handbook for more information.) etc. are additional and will be billed on the next month’s invoice. I agree that I am responsible for paying the amount on my monthly invoice and will ask the office staff if I have any billing questions.

\_\_\_\_\_\_ 3. I understand that I will be mailed/emailed a Registration Packet in May including access (on our website or paper copy) to an updated Family Handbook for 2024-25. I will complete all forms, return them as soon as possible and read or review the handbook by June 3rd at the latest. Space is limited and placement is on a “first come, first served” basis. I understand that I could lose my spot if my paperwork is NOT returned completed on time.

\_\_\_\_\_\_ 4. If my child is new to BT, I understand that I must schedule at least one full day at our Pathfinder site before he/she attends a fieldtrip. I know that it’s important that my child get to know the teachers and become familiar with BT ways before attending an off-site fieldtrip. It is equally important for the staff to learn about my child. This policy is for my child’s comfort and safety.

\_\_\_\_\_\_ 5. I understand the tuition charged for summer care and accept responsibility for paying any tuition & fees charged for my child’s attendance according to the summer schedule I filed with B.T. office (See above for tuition and fee amounts). If there is an error on my invoice, I will contact Blazing Trails’ office immediately as signing this form below accepts any invoiced liability.

\_\_\_\_\_\_ 6. Payment is due by the 10th or invoice due date of June, July and August whether I have my invoice or not. I understand that I will receive the invoice by e-mail in PDF format or through the mail on or about the first business day of each month. If I don’t receive it, it is my responsibility to notify BT office as soon as possible of the error. I also understand that a late fee of **$10.00** will be charged to my account if payment is late - more than 15 days after the invoice date.

\_\_\_\_\_\_ 7. I understand that tuition is **NOT** refunded for any reason.

\_\_\_\_\_\_ 8. If payment for each summer month is **not** received by the **15th** day after the date the invoice is created (invoice date) **and** no arrangements have been made with the Director, I understand that my children may not attend Blazing Trails until tuition is paid.

\_\_\_\_\_\_ 9. I will give 30 days’ notice of any changes to my child’s schedule or termination of this agreement. I understand that I am responsible for paying tuition based on my original schedule for the 30 days following notification of any changes.

\_\_\_\_\_\_ 10. I understand that I am responsible for paying any balance left owing when I leave the program. Blazing Trails reserves the right to transfer overdue amounts to a collection agency if payment options and obligations negotiated are not met in good faith.

\_\_\_\_\_\_ 11. I understand that BT is only licensed to serve morning and afternoon snacks and that I must provide my child’s lunch. If my child has no lunch for any reason, BT will provide my child with a lunch-time “snack” and I will be charged a $5.00 fee. I understand that this is not provided as a complete meal and is of limited variety.

\_\_\_\_\_\_ 12. I understand that my child **MUST** be picked up by **6:00 PM**. A late fee of $5.00 for every five minutes starting at 6:05 will be billed on the next month’s bill. I also understand that I may be asked to leave the program permanently for chronic lateness.

By signing, I am requesting enrollment in BT’s 2024 Summer Program and am agreeing to comply with all policies outlined in BT’s Family Handbook. I understand that I am financially responsible to pay the tuition for the days marked on my child’s registration form whether my child attends or not unless I give at least 30 days notice in advance of any schedule changes. **Drop-in days and/or unscheduled days are $65.00 each.** The 10% siblings’ discount applies only to the tuition of my 2nd child. (Please see the updated **Family Handbook** for more info.)

**Parent/Guardian’s Signature**: **Date**: