



SUMMER CAMP 2025 ENROLLMENT APPLICATION

Hello! We are looking forward to an amazing 2025 Summer Camp at Adventure Kids Academy! Please carefully read this packet and provide the necessary information. If you have any questions, don't hesitate to stop by the school or send us an email - contact@adventurekidsacademy.com. We hope to see you this summer!

Child's Name: _____ DOB: _____

Parent #1 Name: _____

Parent #2 Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____

Parent #1 Cell: _____ Parent #2 Cell: _____

Primary Email: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Child's Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Health Concerns, Allergies or Behaviors of which we should be made aware: _____

Has your child had previous preschool/group experiences? Please describe: _____

At this time, we are asking all campers be potty trained unless otherwise discussed ahead of time.

Is your child potty trained? YES / NO

Adventure Kids Academy
15620 Woodinville-Duvall PL Suite #9
Woodinville, WA 98072
425.486.5499
contact@adventurekidsacademy.com

ADVENTURE KIDS ACADEMY

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Campers will need to bring a sack lunch each day, with an ice pack and beverage/water bottle.
We are a Nut-Free facility.

SUMMER CAMP	
Ages 3 – 6	
9:30am - 1:20pm	
Cost - \$325/Week	
<i>Circle your desired option(s)</i>	
June 23 - 26	Adventure Camp
July 7 - 10	Messy Art
July 14 - 17	LEGO
July 21 - 24	Dinosaurs
July 28 - July 31	Space
August 4 - 7	Creepy Crawly
August 11 - 18	Shark Week

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TERMS AND CONDITIONS

- Half the total amount of Summer Camp tuition, per child, is due upon submission of this form and is non-refundable once your child has been accepted into the camp. Once registration is completed, you will be contacted via email to confirm your child's enrollment.
- If we are unable to accept your child's enrollment due to limited space, your registration fee will be refunded and you will be automatically placed on our waiting list.
- The remaining half of Summer Camp tuition is due no later than the first day of camp - June 23, 2025. Campers will not be allowed to attend until all tuition has been paid. Once tuition is paid, it is non-refundable.
- Tuition is charged as a flat rate fee on a per week basis. Tuition remains the same for each week regardless of absences, family vacations, weather, or other circumstances outside of our control.
- A \$35 fee will be charged for all NSF checks.
- Camp payment checks may be mailed to Adventure Kids Academy 17338 Brook Blvd, Bothell, WA 98012 or can be billed directly through QuickBooks
- At this time, we reserve the right to implement wearing masks for either safeguards against COVID 19 or extreme smoke situations.
- Parents are expected to pick up their child when camp ends each day at 1:20pm. A 5-minute grace period will be given, at which point you will be charged \$5 for every 5 minutes late. This must be paid directly to the teacher, NOT the school.
- Each child must be up to date with immunizations and will be required to provide documentation from their primary care physician on the first day of camp.
- Children who are ill are not allowed to attend camp (to be determined at our discretion). We reserve the right to request a doctor's note before children can return to camp. We will notify you if your child becomes ill - a parent, guardian or pre-arranged emergency contact must be able to pick them up within 30 minutes of the notification.
- You authorize us to give emergency treatment by a qualified child care provider at Adventure Kids Academy located at 15620 NE Woodinville Duvall PL, Woodinville, WA 98072. When you cannot be contacted, you authorize and consent to medical, surgical, and hospital care treatment and procedures to be performed for your child by a licensed physician, health care provider, hospital, or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard your child's health. You waive your right of informed consent to such treatment. You also give your permission for your child to be transported by ambulance or aid car attendant to an emergency center for treatment, if necessary. You certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.
- You agree to be liable for any loss, damage or destruction of any property of the school caused by your child, and for any damages for which the school becomes liable or charged because of you or your child's actions, or the actions of family or acquaintances who may accompany your child to, from, or during school, or any of its destinations or events.
- Adventure Kids Academy reserves the right to suspend or dismiss a child/family at our sole discretion, for reasons including but not limited to; unsatisfactory or inappropriate behavior, inadequate expertise or resources for the child's educational, medical, or personal needs (subject to any applicable regulatory requirements), violations of our policies, or any other reason that conflicts with the best interest of the school or its student body. Suspension or dismissal may be with or without advanced notice, and any refunds or fee forgiveness will be solely at our discretion at the time of such action.

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TERMS AND CONDITIONS *(continued)*

- You authorize us to use you and your child's name, email, home address, and phone numbers as needed for school-related communications. All such information will be used solely for school-related purposes and will not be shared otherwise unless you provide us with express permission to do so.
- You authorize us to use the likeness, photographic imagery and/or video footage of your child for Adventure Kids Academy marketing purposes. This includes but is not limited to print, website and social media. Your child's name will be withheld from these uses.

Medical Release

I give permission that my child _____, may be given emergency treatment by a qualified child care provider at Adventure Kids Academy located at 15620 NE Woodinville Duvall PL, Woodinville, Washington 98072. When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, healthcare provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I certify under penalty of perjury under the laws of the state of Washington that this information is true and correct.

By signing below, I agree to the aforementioned Terms and Conditions.

Date: _____ Child's Name: _____

Parent/Guardian Signature: _____

Print Name: _____

Parent/Guardian Signature: _____

Print Name: _____

To complete your child's enrollment, please submit this signed packet along with the following:

- Half the total amount of Summer Camp tuition (cash or check made payable to Adventure Kids Academy) or ask to be invoiced.
- Copy of your child's birth certificate (if not already on file)

Welcome to Adventure Kids Academy Summer Camp!