



TLC Summer Camp 2025 Registration

(Ages 3-7)

For Office Use Only:

R P F E

Child's Name: _____ Birth Date: _____ Age: _____ Gender: _____

Please fill in each week/session that you would like to register your child for our summer camp. Summer camp hours are from 9:00am-3:00pm or Full Day 8:00am-5:00pm.

Register by May 1st for the Early Bird Rates!

All children must be completely toilet trained to register/attend the TLC Summer Program.

Week 1: June 30 – July 4	Under the Sea
<input type="checkbox"/> 9-3	<input type="checkbox"/> Full Day 8-5

Week 5: July 28 – August 1	Nature Around Us
<input type="checkbox"/> 9-3	<input type="checkbox"/> Full Day 8-5

*TLC is closed on Friday, July 4th in observance of Independence Day.

Week 2: July 7 – 11	Time Travelers
<input type="checkbox"/> 9-3	<input type="checkbox"/> Full Day 8-5

Week 6: August 4 – 8	Musical Escapades
<input type="checkbox"/> 9-3	<input type="checkbox"/> Full Day 8-5

Week 3: July 14 – 18	Fun with Science
<input type="checkbox"/> 9-3	<input type="checkbox"/> Full Day 8-5

Week 7: August 11 – 15	Bringing Stories to Life
<input type="checkbox"/> 9-3	<input type="checkbox"/> Full Day 8-5

Week 4: July 21 – 25	Colorful World
<input type="checkbox"/> 9-3	<input type="checkbox"/> Full Day 8-5

Week 8: August 18 – 22	ABC's and 123's
<input type="checkbox"/> 9-3	<input type="checkbox"/> Full Day 8-5

Session 1: June 30 – July 25
<input type="checkbox"/> 9-3 <input type="checkbox"/> Full Day 8-5

Session 2: July 28 – August 22
<input type="checkbox"/> 9-3 <input type="checkbox"/> Full Day 8-5

TLC Summer Program Fee Schedule:

Payment in full is due at registration (please include the registration fee).

	Early Bird (Registered by May 1)	Regular Registration (after May 1)	Registration Fee
Camp only Weekly Rate - 9:00am-3:00pm	\$500	\$600	<ul style="list-style-type: none"> ▪ \$50 ▪ \$75 if two or more children Registration fee is nonrefundable.
Full Day (Camp + Extended Care) Weekly Rate - 8:00am-5:00pm	\$600	\$700	
1 st Session or 2 nd Session 9:00am-3:00pm	\$1900	\$2250	
1 st FD Session or 2 nd FD Session 8:00am-5:00pm	\$2250	\$2600	

Hourly Extended Care: \$20.00 per hour or any portion of an hour. Billing hours are 8:00 am–9:00 am, 3:00 pm–4:00 pm, and 4:00 pm–5:00 pm. Extended care closes promptly at 5:00 pm. If you would like to use extended care on an hourly basis, statements for hourly extended care charges will be sent home each Monday. Hourly extended care charges are due no later than the Friday after they were incurred.

The discounted session rate applies only when registering for a complete session at the time of registration. If you withdraw your registration before April 14th, half of the camp fees will be refunded, not including the nonrefundable registration fee. **No refunds or credits will be given after April 14th, 2025.** Camp fees are not prorated or discounted for vacations, time away, illness, holidays, or school closures (i.e., weather, power outage, or public health emergency such as pandemic, etc.) If space permits, there is a \$50 fee for each change to switch weeks. The office must be notified of all changes in writing/email to the office. If you wish to add weeks or a session throughout the summer, you may do so if space permits. Payment for any additional weeks or sessions must be submitted at the time of the request.

Morning drop-off begins at 8:50 am; students arriving before this time will incur the hourly extended care charge, unless they are registered for the full day. Afternoon pick-up is from 2:50 pm–3:00 pm (not 3:10 pm). Students picked up after 3:00 pm will be charged the hourly extended care fee, unless they are registered for the full day. **Extended care closes promptly at 5:00 pm.** If you arrive **after 5:00pm, a \$5.00 per minute fee will apply** and must be paid within 48 hours.

Note: Parents must notify the office in advance if hourly extended care is needed to ensure proper staffing availability.

GENERAL INFORMATION			
Child's Name:		Birthday:	Age:
			Gender:
Is your child currently enrolled at TLC or enrolled for Fall 2025?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child been tested/evaluated for Special Education i.e. gifted or learning disability, including speech or language delays? If yes, please explain [Include who administered the testing and submit a copy of the evaluation.]			<input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		Zip:	Home Phone:
Parent/Guardian I Full Name:		Relationship to Child:	
Cell Phone:	Work Phone:	Email Address:	
Parent/Guardian II Full Name:		Relationship to Child:	
Cell Phone:	Work Phone:	Email Address:	
Emergency Contact (also authorized to pick up your child from TLC)	Name:		Phone Number:
Allergies: (Not dietary restrictions)		Medical and/or Emotional Conditions:	

LIABILITY RELEASE
<p>The undersigned has enrolled _____ to attend TLC Montessori school activities and participate in the programs offered. In consideration, the undersigned releases and discharges TLC Montessori, its officers, and employees from liability of any kind for any loss or injury to the child while participating in school or extended day program activities. The undersigned agrees that this release is intended to be as broad as permitted under the law of the State of Washington, and if any part of application is found unenforceable, the remainder may be enforced in full. I acknowledge the contagious nature of COVID-19 and voluntarily assume that my family and I may be exposed to or infected by COVID-19 by attending TLC Montessori.</p> <p>_____ Initial</p>

MEDIA RELEASE AGREEMENT
<p>I give permission for TLC to use photos or videos of my child _____ taken during Summer Adventure Camp to be shared internally with TLC families (parent emails, slideshows). For external marketing purposes (e.g., website or advertising), TLC Montessori will always request additional consent before use.</p> <p>_____ Initial</p>

CONSENT FOR EMERGENCY TREATMENT/FIELD TRIP PERMISSION
<p>I hereby give permission for my child _____ to:</p> <ul style="list-style-type: none"> • Receive emergency treatment by a qualified TLC Montessori staff member. • Be transported by ambulance or aid car to an emergency center for treatment. • Receive medical, surgical, and hospital care, treatment, and procedures by any licensed physicians or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. • Participate in field trips supervised by TLC Montessori staff (details will be provided in advance). <p>_____ Initial</p>

By signing below, I confirm that I have read, understood, and agreed to all the policies outlined in this registration packet.

Parent/Guardian Full Name: X _____
Parent/Guardian Signature: _____
Date: _____