TLC Summer Camp 2026 Registration

(Ages 3-7)

For Office Use Only:
☐R ☐P ☐F ☐E

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

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

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

Week 1: June 29 – July 3*	Splashing into Summer
☐ 9-3	☐ Full Day 8-5

*TLC is **closed** on Friday, July 3rd in observance of Independence Day.

Week 2: July 6 – 10	Around the World
☐ 9-3	☐ Full Day 8-5

Week 3: July 13 – 17	Going on a Safari
☐ 9-3	☐ Full Day 8-5

Week 4: July 20 – 24	Rhythm & Rainbows
☐ 9-3	☐ Full Day 8-5

Session 1: June 29 – July 24	
☐ 9-3	☐ Full Day 8-5

Week 5: July 27 – July 31	Camping Adventures
☐ 9-3	☐ Full Day 8-5

Week 6: August 3 – 7	Winter Wonderland
☐ 9-3	☐ Full Day 8-5

Week 7: August 10 – 14	Storybook Explorers
☐ 9-3	☐ Full Day 8-5

Week 8: August 17 – 21	ABC's & 123's
☐ 9-3	☐ Full Day 8-5

Session 2: July 27 – August 21	
☐ 9-3	☐ Full Day 8-5

TLC Summer Program Fee Schedule:
Payment in full is due at registration (please include the <u>registration fee</u>).

	Regular Registration (<u>after</u> May 1)	Registration Fee
Camp only Weekly Rate - 9:00am-3:00pm	$625	▪ $50 ▪ $75 if two or more children **Registration fee is nonrefundable.**
Full Day (Camp + Extended Care) Weekly Rate - 8:00am-5:00pm	$725	
1st Session or 2nd Session 9:00am-3:00pm	$2350	
1st FD Session or 2nd FD Session 8:00am-5:00pm	$2700	

Hourly Extended Care: $20.00 per hour or any portion of an hour. Billing hours are 8:00am-9:00am, 3:00pm-4:00pm, and 4:00pm-5:00pm. 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. Parents must notify the office in advance if hourly extended care is needed to ensure proper staffing availability. Extended care closes promptly at 5:00pm.

The discounted full 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, 2026.** 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 switch or add weeks or a session throughout the summer, you may do so only 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.

GENERAL INFORMATION

Child's Name:	Birthday:	Age:	Gender:
Is your child currently enrolled at TLC or enrolled for Fall 2026?		☐ Yes	☐ No
Has your child been tested/evaluated for Special Education i.e. gifted or learning disability, including speech or language delays? If yes, please submit a copy of the evaluation and include who administered the testing.		☐ Yes	☐ 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: ☐ No known allergies ☐ Mild Food Sensitivity: _____

☐ Diagnosed* Allergy/Intolerance: _____ Requires Epipen? Yes ☐ No ☐

*An individual care plan (signed by healthcare provider) is required for any diagnosed allergies and conditions.

Dietary Restrictions (vegetarian, no beef, etc.):

Medical and/or Emotional Conditions:

LIABILITY RELEASE

The undersigned has enrolled _____ (child's full name) 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.

_____ Initial

MEDIA & INFORMATION RELEASE

I give permission for my child, _____ (child's full name), to be included in photos/videos taken during TLC's Summer Adventure Camp to be shared in weekly group emails, school newsletters, and general school publications. I also give permission for my family's contact information (name and email) to be shared with other TLC summer camp families (internal distribution only).

_____ Initial

CONSENT FOR EMERGENCY TREATMENT/FIELD TRIP PERMISSION

I hereby give permission for my child, _____ (child's full name), to:

- 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 (with details provided in advance).

_____ Initial

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

_____ X _____ _____

Parent/Guardian Full Name | Parent/Guardian Signature | Date