



CHILD FILE
 Date Received p1 _____ p2 _____
 Reg. Fee _____
 Amount _____
 Check No. _____
Parent Handbook Sign Date _____
 Staff Initials who collected _____
 Director /Asst. Approval _____

2024-2025 SCHOOL AGE K or CAMP ENRICHMENT ENROLLMENT FORM
 (Camp enrollment form for students who completed kindergarten in 2023-2024 year or school age up to grade 5)

Child's Name _____
 Gender M/F _____ Birthday _____ age _____

Grade beginning this fall: K 1st 2nd 3rd 4th

Mother's name _____
 Cell phone _____ text y/n landline _____
 Home Email _____
 Address _____
 City _____ State _____ ZIP _____ Employer _____
 Work email _____ phone _____
 Primary language _____

Father's name _____
 Cell phone _____ text y/n landline _____
 Home Email _____
 Address _____
 City _____ State _____ ZIP _____ Employer _____
 Work email _____ phone _____
 Primary language _____

School Age ENRICHMENT CAMP Jan. 2024 to-Aug. 2025 (Look for summer camp calendar for days.)	MONTHLY SCHOOL AGE TUITION			
	5 Day M-F	4 Day M-TH	3-day full	2-fulldayonly
EARLY RISER DROP OFF 7:00-8:30	\$125.00	\$115.00	\$110.00	\$100.00
MORNING CAMP ENRICHMENT 8:30-12:00 3.5-hour camp	\$450.00	\$380.00	\$330.00	\$275.00
LUNCH 12:00-12:45	\$80.00	\$75.00	\$70.00	\$65.00
AFTERNOON CAMP ENRICHMENT 12:45-3:45 3-hour camp	\$390.00	\$345.00	\$305.00	\$250.00
8:30-3:45 packages	\$920.00	\$800.00	\$705.00	\$590.00
EXTENDED DAY ENRICHMENT - Late Pick up! 3:45-5:20	\$110.00	\$105.00	\$100.00	\$95.00
7:00-5:20 FULL DAY SCHOOL AGE Package	\$1,155.00	\$1,020.00	\$915.00	\$785.00

NOTE: A full month commitment deposit is due to hold a spot. This deposit will go toward May school or August summer camp 2025 Tuition. This is nonrefundable if you choose to leave prior to this last month. We will also need a written note giving notice of leaving and a 30-day tuition paid when notice of leaving. In the event you leave early, all regular rates will be due as a package is a long-term commitment and therefore lower rate. These rates cannot be offered if the contract is broke and a 30-day notice is given.
 Thank you for understanding are effort to be a consistent learning place all year. We already have fabulous enrichment ideas in the works! ©

School Age (sample) Schedule

MORNING 8:30-12:00

7-8:30 Independent Play
 8:30-9/9:15 Outdoor Time
 9:00-9:15 Morning Meeting
 9:15-9:45 CHOICE STEM BUILDING INGENUITY TIME
 9:45-10:15 Read Aloud & Snack
 10:40-12:40 Small Group Enrichment
 time 11:40-12 songs/ whole group time

12:00-12:30 LUNCH

AFTERNOON 12:45-4:00

12:30-1:00 OUTDOOR RECESS
 1:00-1:30 Exploration choice time
 1:30 CHOICE IND. READING TIME
 2:00-3:00 **STEAM** SMALL GROUP TEACHING STATION ROTATIONS AROUND CAMP THEMES

- MATH
- ART
- SCIENCE/SOCIAL STUDIES
- PE
- MUSIC
- Writing

3:00 SNACK
 3:15 OUTDOORS
 4:00 PICK UP
 4:00-5:15 LATE PICK UP - OUTSIDE TIME/INDOOR CHOICE TIME

We will seek to teach research reading in the morning. Please list anything your child may enjoy learning about. _____

List anything you would love your child to learn: _____

<p>Please return registration form to: EPIC Endeavors SCHOOL AGE Academy</p>	<p>Registration Fee & Deposit are non-refundable to confirm your spot.</p>
<p>20 9th St SE, MN 55902 or scan to epicendeavorspreschoolacademy@gmail.com</p>	<p>Thought current enrollments to Aug.2024 \$25.00 non-refundable registration fee for School Age campers. \$100.00.00 for 9 month or full year contract.</p>
<p>Call or text 507-319-5709 for enrollment drop off.</p>	<p>Deposit goes toward May school or August 2024 summer camp. FULL payment of Monthly tuition fee due at time of enrollment. Enrollments with tuition deposit paid in full will hold a spot. This deposit is nonrefundable if tuition is not up to date or if you withdraw your child from school/camp prior to May or August 2024. An additional 30-day notice is required if you leave early and tuition for those 30 days is required if past May 1, 2024.</p>

Child's Name _____

Contact Information

Child lives with ___ Mother ___ Father Both _____ Other

Family History/Marital Status: please circle your status

Married Divorced Separated Deceased Single

Other children at your home:

1. _____ age ____ 2. _____ age ____
3. _____ age ____ 4. _____ age ____

Order to Contact Parents:

Name	Relationship	Cell
1 _____		
2 _____		

AUTHORIZED TO PICK UP (other than a parent)

- These individuals may pick up your child with your verbal permission.
- Written permission from the parent is required to release your child to anyone not listed on this form.
- Please **MAKE SURE** to include at least one contact below.

Name	Address	Primary	Tel & Cell
1 _____			
2 _____			

EMERGENCY CONTACTS (other than Parents)

- These individuals will be called in the event parents cannot be reached.
- These individuals must live and work in the Rochester area.
- Please **MAKE SURE** to include at least **two** contacts below.

Name	Address	Primary	Tel & Cell
1 _____			
2 _____			

RESTRICTED PERSONS – These individuals **MAY NOT** pick my child up from preschool.

Name	Information we should know:
1 _____	
2 _____	

Child's Name _____

Release of Information

Circle YES if you agree or NO if you disagree next to all statements.

YES
NO

I understand the policies of EPIC Endeavors Academy School Age Handbook and **have a copy of the written Parent notification of MN RULE part 9503.0090 items A-O found in the Parent Handbook.** This includes the payment schedule, withdrawal/refund policies and late fees. Additional written information can be found on our webpage: www.epicendeavorsacademy.com **Yes**

YES
NO

I give permission for my child to be photographed and have videos taken for use on Bloomz, Facebook, Twitter, Pinterest, Instagram, EPIC webpages, preschool/classroom setting, and for EPIC advertisements or public relations as well as apps that may be used for pictures or videos. **Yes**



MEDICAL INFORMATION – This following information is required prior to attendance, along with a current immunization record or signature stating exemption along with a Health Care Summary.

	Child's Doctor	Child's Dentist
Name		
Address		
Phone		
Allergies and Medications		
Drug Allergies N/A		
Food Allergies N/A		
Special Medical Needs N/A		
OTHER		

Hospital Preference: (circle one) **St. Mary's Hospital** or Olmsted Medical Center

Authorization for Medical Treatment

If I cannot be reached or am delayed in arriving, I authorize the nearest source of emergency medical care to care for and to treat my child.

_____ Date _____

Parent Signature

How does your child manage his/her emotions well? Y/N Explain below

What previous camp experiences does your child have?

Has your child had any past behavior or past conduct incidents while at school or camp? _____

Additional Information – Please provide any information that would be helpful in supporting your child.

Is your child currently on an IEP with a school district?

Yes- Social skills

YES NO

Do you have any reason to believe your child may need or may require an Individual Child Care Plan by EPIC staff?

YES NO

Agreement and Acknowledgement

I understand it is my responsibility to keep my child's information up to date. EPIC Endeavors Academy is not liable if this information is inaccurate or outdated. By signing below, you are agreeing you received a written form of EPIC Endeavors Academy School Age 2024-2025 Enrichment Parent Handbook by one of two ways below and have read it completely and understand the COVID 19 plan. **In addition, you are signing you acknowledge if your child's behaviors impact the learning of others or shows any form of disrespect to teachers or other kids, the Director has the right to discontinue your child's EPIC enrollment immediately.**

Check how you chose to receive the parent handbook:

- A paper copy of Parent handbook was handed to me by EPIC staff as a paper copy**
- A written form of Parent handbook was emailed as PDF written document**

Parent Name (Printed) _____

Date _____

Parent Signature _____

How did you hear about us? ___ Drive by Location/sign ___ Twitter ___
Facebook ___ Newspaper ___ radio ___ Friend Referred ___ TV ___
Flyer ___ Google ___ Blog ___ other

Name _____ Address _____ Cell _____

*Please list their name and address so we can send them a "Thank you"