



Camp Imagine 2019

Camp Imagine

9001 Westview Drive

Coral Springs, FL 33067

954 255 0020 ext 107



Cindy Brown, Director

954 242 0699

Cindy.brown@imagineschools.org

Roni.prager@imagineschools.org

Date _____

Password _____

Please indicate how many days attending: Email: _____

How many days: _____ Fulltime (9a- 4pm) 5 days _____ Part Time (9a-1p) _____
Before care 7a- 9a _____ Aftercare 4p-6p _____



Camp Imagine 2019

Camper #1 _____ Grade now _____ (entering Vpk-4th Only)

Camper #2 _____ Grade now _____ (entering Vpk-4th Only)

Camper #3 _____ Grade now _____ (entering Vpk-4th Only)

Parent #1 _____ Phone _____

Cell _____ Work _____

Parent #2 _____ Phone _____

Cell _____ Work _____

Address: _____

City: _____ State _____ Zip code _____

Emergency Contact: _____

Student's special health issues, allergies or special needs:

Authorized Pick-Up (Students will NOT be released to anyone not on this list)

1. _____ Phone (____) _____

2. _____ Phone (____) _____

3. _____ Phone (____) _____

2019 Imagine Summer Camp Agreement Form

Registration:

 **Parent/Guardian Initials**

- A non-refundable fee of \$35 per family is required for enrollment
- Completed enrollment package per family



Camp Imagine 2019

Payment Policies:

Parent/Guardian Initials

- Payments can be made by cash, money order, Visa or MasterCard or electronically through our Procure Tuition Express System.
- Tuition costs are to be paid in full regardless of days missed.
- All session payments are to be made no later than the due date for that session. Dates can be found under the schedule of payments chart(p. 3)
- Payments are due 2 weeks prior to attendance
- Missed payment due dates will be assessed a \$25 late fee.
- If payment is not received within 5 days of the due date your child(ren)'s placement will be rescinded. If you would like to reenroll, the \$35 non-refundable registration fee will be reissued.
- Payments will not be refunded or prorated for the following reasons: illness, inclement weather, vacations, behavioral issues, absences or withdrawals for any reason.
- A \$1 late fee per child will be assessed every minute after your child(ren)'s registered program has ended.
- A \$35 fee will be assessed for all declined electronic payments. If two declined electronic payments have occurred, all future payments must be made in cash or by money order.

Behavior Policies:

*If your child fails to follow the directions of the staff or comply summer camp rules, the following actions may be taken.

- Verbal Warning or Time Out
- Once a child receives three Behavior Reports, your child may be suspended from the program.

Withdrawal Policy:

Parent/Guardian Initials

- A **full 21 day written notice** must be submitted regarding withdrawals. In the event a withdrawal notice is not given within 21 days of withdrawal, full payment for registered session(s) will be required. Please send written notice to roni.prager@imageschools.org

I understand the policies of the Imagine School at Broward summer camp program and agree to abide by the agreement.

Parent/Legal Guardian, print _____

Parent/Legal Guardian, signature and date _____



Camp Imagine 2019

2018 SESSIONS/RATES

SESSIONS (please place a check mark next to the session(s) attending)

Session 1 (June 10-14) _____

Session 2 (June 17-21) _____

Session 3 (June 24-28) _____

Session 4 (July 1-3) _____ \$120 (closed July 4th and 5th)

Session 5 (July 8-12) _____

Session 6 (July 15- 19) _____

Session 7 (July 22-26) _____

Payments are due 2 weeks prior to attendance

RATES

Registration Fee

\$35 per family (non-refundable)

Full day rates

Monday – Friday (5 full days) 9am – 4pm \$140 per week per student

Monday – Friday (any 3 full days) 9am – 4pm \$100 per week per student

Days of week attending on 3 full day option: _____

Part day rates

Monday – Friday (five ½ days) 9am – 1pm \$100 per week per student

Before and After care rates

Before care 7:30am-9am \$20 per week per student

After care 4pm – 6pm \$20 per week per student



Camp Imagine 2019

Payments are due 2 weeks prior to attendance

SESSION	SESSION DATES	PAYMENT DUE DATE
1	June 10 - 14	Monday, May 27, 2019
2	June 17 - 21	Monday, June 3, 2019
3	June 24 - 28	Monday, June 10, 2019
4	July 1 - 3	Monday, June 17, 2019
5	July 8 - 12	Monday, June 24, 2019
6	July 15 - 19	Monday, July 01, 2019
7	July 22 - 26	Monday, July 08, 2019

Late fee of \$25 will be assessed weekly until balance is resolved

2 week notice is required for any reduction/increase in scheduled camp days

Withdrawal policy requires a full 21 days written notice.

Notice of withdrawal can be emailed to roni.prager@imageschools.org

Forms of payment accepted: **Cash, Money Order, Visa or MasterCard**

Checks will not be accepted