

## Conscious Kids Summer 2023 Contract

Please check below which weeks you are interested in. We fill spots based on first-come, first-serve basis. To reserve a spot for your child, please return your completed form and payment in full to Conscious Kids. Fees are non-refundable after June 07, and weekly sessions are not prorated.

In an effort to make our program accessible for all who want to participate, we offer 3 tiers of tuition. This is an honor system where you choose a tier that reflects what you are able to pay. Please note that there are a certain number of spaces available for each tier. The tier level that CK can offer at any given time depends on availability.

Tier one \$175 per week

Tier 2 \$155 per week

Tier 3 \$135 per week

- |                          |        |                                                                     |
|--------------------------|--------|---------------------------------------------------------------------|
| <input type="checkbox"/> | Week 1 | June 20 & 22                                                        |
| <input type="checkbox"/> | Week 2 | June 27 & 29                                                        |
| <input type="checkbox"/> | Week 3 | July 04 & 06 - Closed if less than 10 children sign up for the week |
| <input type="checkbox"/> | Week 4 | July 11 & 13                                                        |
| <input type="checkbox"/> | Week 5 | July 18 & 20                                                        |
| <input type="checkbox"/> | Week 6 | July 25 & 27                                                        |
| <input type="checkbox"/> | Week 7 | Aug. 01 & 03                                                        |
| <input type="checkbox"/> | Week 8 | Aug. 08 & 10                                                        |
| <input type="checkbox"/> | Week 9 | Aug. 15 & 17                                                        |

I understand fees are nonrefundable after June 07.

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Parent signature & Date

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Parent signature & Date

# Conscious Kids

## Summer Program

*Play based & relationally rooted*



### **Child**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Name of school: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Child lives with: \_\_\_\_\_

### **Primary Contact**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

### **Secondary Contact**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

### **Emergency Contact**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Pick up List: Other than primary and secondary contacts, only those listed below will be allowed to pick up your child unless a written note/text is submitted.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Share something about your child with us... something you'd like us to know or just a fun little something.

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Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other health concerns: \_\_\_\_\_

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Date of last physical exam \_\_\_\_\_ Date of last dental exam \_\_\_\_\_

**Misc.**

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## Conscious Kids Emergency Consent Form

I hereby give permission for my child/children \_\_\_\_\_  
to be given emergency treatment (first aid and CPR) by a qualified staff  
member of Conscious Kids. I also give my permission for my child/children to be  
transported by ambulance, or staff car to an emergency center for treatment.

In the event that I cannot be contacted, I further consent to medical, surgical  
and hospital care treatment and procedures to be performed for my child by a  
licensed physician or hospital when deemed immediately necessary or  
advisable by the physician to safeguard my child's health.

If emergency transportation is needed, I agree to pay all costs of transportation.

\_\_\_\_\_  
Parent Signature & Date

\_\_\_\_\_  
Parent Signature & Date

## Insurance Information

Child's physician \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Medical Insurance: \_\_\_\_\_

Employer: \_\_\_\_\_

Group #: \_\_\_\_\_

Membership #: \_\_\_\_\_