



**NVRE Winter Camp Registration Form**  
**December 20th-23<sup>rd</sup>/2021**  
**Agreement 2021-2022**

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Gender:  F  M

Street Address \_\_\_\_\_

City & County \_\_\_\_\_ State & Zip \_\_\_\_\_

Main Phone Number \_\_\_\_\_ Main E-mail Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Work Number \_\_\_\_\_ Mother's Work Number \_\_\_\_\_

Father's Mobile Number \_\_\_\_\_ Mother's Mobile Number \_\_\_\_\_

Father's Email Address \_\_\_\_\_ Mother's Email Address \_\_\_\_\_

**Emergency Medical Contact**

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Who should be contacted in an emergency when parent cannot be reached?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Person authorized to pick up child (other than parents):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Please list any physical restrictions, dietary restrictions, health concerns, allergies:

\_\_\_\_\_

I affirm that my child is in good health and able to participate in all winter camp activities. I release NVRE from possible claims for injury to person or property which may arise from participation in activities and hereby agree to hold harmless NVRE, its employees, agents, or representatives from any claim, liability, or expense arising out of or in any way connected with any alleged incident or injury resulting from such participation.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

### Medical Release

I hereby give permission for my child to receive first aid assistance when necessary and be transported for emergency medical treatment to a hospital, (in case neither parent(s) nor emergency contact cannot be reached).

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

### Participation Release

I hereby give permission for my child to accompany her/his class on field trips authorized by the NVRE staff.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

### Transportation Release

I hereby give permission for my child to be transported to and from NVRE facilities for field trips authorized only by NVRE staff.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

## Image Use Release

I hereby give permission for my child to be included in any image recording (picture or movie) connected with the school's program. I understand that those images may be used as documentations on the school website.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**I understand that my designation is my binding agreement to enroll my child for the days indicated:**

**DAY 1**       **DAY 2**       **DAY 3**       **DAY 4**  
December 20th      December 21st      December 22nd      December 23<sup>rd</sup>

**Monday–Thursday:** 7:45am–4:30pm

**4 Full Days:** \$260.00    **3 Days:** \$210.00    **2 Days:** \$140.00    **1 Day:** \$80

## Terms of Enrollment

1. There is a one-time registration fee of \$100 per family (New Families). Payment will not excuse any additional fees or tuition that may be owed to Nido Verde Di Reggio Emilia. Waiting list fees are \$30/child (non-refundable).
2. Registration for the Winter Camp Language Immersion Camp is open to all children from ages 2 to 10. Registration is considered complete when the Registration Form is completely filled out and the corresponding deposits paid.
3. Registration is available on a first-come first-served basis. If a class reaches capacity, a waiting list will be developed, and every effort will be made to create additional spaces. The NVRE has the right to cancel any class due to insufficient registration. If that should happen, a full refund will be provided.
4. All fees and tuition must be paid on time. Balances must be paid by the first day your child attends the Winter Camp.
5. No refunds will be made. Cancellation after the child's first day at Winter Camp will result in forfeiture of all fees and tuition paid and will not excuse liability for tuition for additional Winter Camp sessions for which the child is enrolled. No refunds will be made for absences or withdrawals during the camp. In the case of extended illness or accidents, a written note is required in order to receive pro-rated refund. Paid camp tuitions are non-transferable. All changes must be in writing and sent to the Executive Director.

6. It is understood that the parent or guardian signing the application certifies that their child will follow all rules and regulations and will abide by all decisions by the camp administration. In the event that the rules are broken, proper action will be taken by the camp administration. If there is no change in behavior, the child will be dismissed without a refund. In the event the child causes damage to another person or property, the parent or guardian will be liable for all damages incurred.
7. Medication and special needs of students must be indicated on the student's medical forms. These forms are given out with the Registration Forms. Students will not be allowed to attend a single day of camp unless all paperwork is complete.
8. In case of a medical emergency, all efforts will be made to contact the parent or emergency contacts and the child's doctor. In the event that this is not possible, the parent hereby given per given permission to the physician selected by the Executive Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or other procedures to stabilize the camper's condition.

Name of Parent \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Return all forms to **1701 West Anderson Ln. Austin Texas 78757**