



2017-2018 SHINE *Silver Spring* Registration

Thank you for choosing SHINE Before and After School as your childcare and enrichment provider for the 2017-2018 school year. Below you will find all the necessary details to register your child. Please contact our center if you have any questions by email at shine@campsonshine.org or by phone at 301-989-2267.

Easy Steps to Register:

- 1) Complete the Registration Form - Please ensure that you have completed *all* family and student sections and signed the parental consent.
- 2) Enclose Payment - Please include the appropriate payment: \$50 non-refundable registration fee
SHINE will waive the \$50 registration fee for all returning families!
- 3) Return your registration to:
SHINE After School 16819 New Hampshire Ave. Silver Spring, MD 20905
or you may fax it to 301-989-7116 or email it to shine@campsonshine.org.
- 4) Complete the Emergency Contact Information Form - this must be signed and updated each year for your child to attend.
- 5) Complete the Health Inventory Form/Immunization Certificate - it must be signed by a physician and filled out completely for your child to attend. **(This may require a trip to the doctor's office).**
- 6) You will receive a confirmation email after we have processed your application

After all of this is in your child's file, you are set to start the school year with us! Once school starts, you will receive emails about our special events and program updates, monthly tuition invoices, and other important information keeping you updated on all that happens at SHINE. So be sure to keep your phone numbers and email address updated.

Monthly Tuition Options

You will select these options on the student information page.

- Tuition is based on enrollment, not attendance.
- Please see Page 2 (Tuition Costs) for information about the prices for the services offered.
- The 'Sibling Saving' discount is \$35 off each additional child that signs up and is only available with full-time tuition.
- Private school rates are different due to the difference in the schools' calendars.
- All full-time and part-time public school rates include attendance on full and early release days as well as snow days.
- AM ONLY care does not include MCPS Early Release Days. A \$30 'drop in' charge would be added for AM ONLY children to attend on those afternoons.
- Tuition is due the first Monday of the month.
- The most convenient way to cover tuition is to establish an automatic payment plan with a credit card on file. Payments are processed on Monday of the week tuition is due. Please let us know if you would like this form.

Tuition Pricing

2017-2018 School Year

(All tuition rates shown are monthly*)

****Please note: June 2018 will be charged as a partial month***

AM & PM Care	5 days a week	4 days a week	3 days a week	2 days a week
Montgomery County Public Schools	\$520*	\$450	\$360	\$275
Private Schools	\$495*	\$425	\$335	\$250

Price includes MCPS Early Release Days, Full Days, Snow Days, Two-Hour Delays, Middle School Field Trips & All Transportation

AM Only Care	5 days a week	4 days a week	3 days a week	2 days a week
Montgomery County Public Schools	\$310*	\$270	\$205	\$150
Private Schools	\$285*	\$245	\$180	\$130

Price includes Full Days, Snow Days, Two-Hour Delays & All Transportation

PM Only Care	5 days a week	4 days a week	3 days a week	2 days a week
Montgomery County Public Schools	\$425*	\$375	\$310	\$230
Private Schools	\$400*	\$350	\$285	\$210

Price includes MCPS Early Release Days, Full Days, Snow Days, Middle School Field Trips & All Transportation

Late Fees:

We love your children, but our staff have other commitments and need to leave work promptly at closing. A late fee of \$1.00 per minute per child after closing must be paid to the staff member on duty immediately.

Late fees start at 6:30pm. Failure to pay late fees or recurrent problems with lateness may result in dismissal from the program. Checks must be made payable to the staff person on duty, not SHINE.

Family Information

Parent or Guardian during school year

Mother/Step Mother

Work Phone

Cell Phone

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Email Address

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Father/Step Father

Work Phone

Cell Phone

--	--	--

Email Address

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Address during school year (billing purposes)

Home Phone

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City

State

ZIP

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Name of Parent not living in household

Relationship

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If there is someone (parent, grandparent, etc.) who does not have permission to pick up the student, check here and explain in an attached letter.

Registration/Deposit Payment Details

- A \$50 registration fee per family.
- Make checks payable to SHINE After School.
- There is a \$35 fee for each returned check.

Method of Payment:

\$_____ Cash Check Money Order VISA MasterCard Discover Card

Credit Card Number: _____ Expiration Date: _____

Name on Credit Card: _____ Security Code: _____

Credit Card Billing Address: same as above, if different please write below.

Card Holder Signature: _____

Use this card to automatically pay for tuition on the first Tuesday of every month.

Student 1 Information

First and Last Name: _____

Birthday (m/d/yr): _____ Age: _____ Gender: _____ Grade entering Fall 2017: _____

Please select the appropriate tuition option for your child based on your attendance plan (see 'Tuition Costs' for details)

5 days/week 4 days/week 3 days/week 2 days/week

Please select the appropriate tuition option for your child based on your attendance plan (see 'Tuition Costs' for details)

AM & PM AM Only PM Only

Please select the appropriate transportation option for your child (pick up is not guaranteed from other schools)

Cloverly ES Sherwood ES Stonegate ES Jackson Rd ES St. John's The Baptist

Charles Drew ES Briggs Chaney MS Farquhar MS White Oak MS Brooke Grove ES

Washington Christian Academy Benjamin Banneker MS Greenwood ES Glennallan ES

St. Andrews Olney ES Forcey Christian School St. John the Episcopal Strathmore ES

* No, I do not need transportation provided from school to SHINE.

My child attends: _____

My child enjoys these activities:

Things I am working on with my child:

My child has difficulty or might need help with these activities:

Does your child have any special needs we should be aware of?

Provide information on any medical, psychological, or behavioral conditions, medications, allergies, dietary or activity restrictions, or special needs that we need to be aware of to ensure that your child's experience is positive (Please attach additional sheet if necessary).

Medication or other health aid that child presently uses (please call to request a Medication Form if your child is to take any medication during SHINE hours, including emergency medication):

Anything else you want us to know about your child:

Please initial and sign below:

_____ I give permission for my child to be transported in SHINE vehicles from school to the center each day, to be transported to local destinations on field trips and in case of an emergency.

_____ Occasionally, SHINE takes photographs or videos of children at our center. These may be used on displays, in brochures, videos, the website, or another SHINE publication. I hereby give my permission for SHINE to use any photographs or videos taken of my child for the purposes stated above.

Parent or Guardian Signature

Date

Student 2 Information

First and Last Name: _____

Birthday (m/d/yr): _____ Age: _____ Gender: _____ Grade entering Fall 2017: _____

Please select the appropriate tuition option for your child based on your attendance plan (see 'Tuition Costs' for details)

5 days/week 4 days/week 3 days/week 2 days/week

Please select the appropriate tuition option for your child based on your attendance plan (see 'Tuition Costs' for details)

AM & PM AM Only PM Only

Please select the appropriate transportation option for your child (pick up is not guaranteed from other schools)

Cloverly ES Sherwood ES Stonegate ES Jackson Rd ES St. John's The Baptist

Charles Drew ES Briggs Chaney MS Farquhar MS White Oak MS Brooke Grove ES

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Parent or Guardian Signature

Date

Student 3 Information

First and Last Name: _____

Birthday (m/d/yr): _____ Age: _____ Gender: _____ Grade entering Fall 2017: _____

Please select the appropriate tuition option for your child based on your attendance plan (see 'Tuition Costs' for details)

5 days/week 4 days/week 3 days/week 2 days/week

Please select the appropriate tuition option for your child based on your attendance plan (see 'Tuition Costs' for details)

AM & PM AM Only PM Only

Please select the appropriate transportation option for your child (pick up is not guaranteed from other schools)

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Parent or Guardian Signature

Date

Parental Consent

I understand that there is a \$50 non-refundable registration fee, and that all tuition fees are based on enrollment, not attendance. All fees will be refunded if child is placed on a waiting list and not accepted into the program.

I understand that full or partial payments may be made at any time, but that I will be billed once per month for all unpaid tuition.

I authorize SHINE to administer Benadryl in case of an emergency allergic reaction if I cannot be reached. I understand that SHINE cannot administer prescription drugs to my child, even with written parental consent, unless the medication is sent in a properly labeled container provided by a pharmacy and accompanied by the specific written authorization form provided in the parent guide.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by SHINE to hospitalize, secure proper treatment for and to order medical care including, but not limited to injections, anesthesia or surgery for my child (as deemed necessary by licensed staff). My child's physician or his/her office should be contacted, if possible. I also understand that I am financially responsible for the medical care of my child.

My child has permission, without restriction, to participate in all snacks, regular and special programming, including out of SHINE trips, transportation, unless I notify the camp otherwise in writing in the "Health History and Medical Information" section of this application. I understand and realize that all physical activities include a certain risk and that Camp Sonshine assumes no liability for injury or damage arising from or as a result of participation. I affirm that field sports, rope courses, go carts, camp crafts, canoes, paddle boats, indoor and outdoor games, hiking, white water rafting, amusement parks, swimming, and other camp activities include certain risks and dangers. These risks include, but are not limited to, personal injury, death, and loss of or damage to personal property. On behalf of myself and any child, I hereby release and forever discharge Camp Sonshine, Immanuel's Church, including the agents, servants and employees of each from any and all claims and causes of action of any kind or nature, arising at any time, related in any way or arising out of or in connection with any trips, food provided, and participation in any activities arranged for or by Camp Sonshine, including any claims and causes of action caused in whole or in part by the negligence or any conduct of Camp Sonshine, Immanuel's Church and any of their respective agents, servants and employees. I intend to provide a complete release of any and all liability for Camp Sonshine for injury, death, or damages of any kind. I will hold Camp Sonshine, Immanuel's Church and their agents, servants and employees, harmless from any liability which may arise out of or in connection with any trips, food provided, and participation in any activities arranged for or by Camp Sonshine, its agents, servants and employees. I affirm that I am the natural parent and/or legal guardian for any minor child and intend to be bound by this Release and Waiver of Liability and intend to bind my minor child to this Release and Waiver of Liability.

I understand and agree to all of the contents of the Release and Waiver of Liability.

*Please know we cannot, without exception, guarantee availability on the phone. However, we will process applications in order of arrival and will send you either a confirmation notice or notify you by phone if you are on a waiting list. Upon acceptance, you will be sent a confirmation letter.

I understand and agree to all the above financial, first aid, safety, and other policies.

Parent or Guardian Signature

Date

I heard about SHINE from:

- | | |
|--|--|
| <input type="checkbox"/> A friend | <input type="checkbox"/> My child's school |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Camp Sonshine (open house, fair...) |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Other |

Please list name of referral: