



ECOLE BILINGUE DE LA NOUVELLE-ORLÉANS

French Summer Camp 2019

CAMPER AND PRIMARY CONTACT INFORMATION

Name of camper: _____ Date of birth: _____

Age (at time of camp): _____ School camper currently attends: _____

Grade entering for 2019-2020 school year: _____

Name of parent/guardian/primary contact: _____

Address: _____ City: _____ State: _____ Zip code: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email address you check frequently: _____

Best way to contact you? Home Phone Cell Phone Email

CAMPS AND DATES

Please circle the appropriate camp and session(s):

Les Petits Aventuriers 2 (potty trained) - 4 years old, at 735 General Pershing St., NOLA

Les Grands Aventuriers 5 - 12 years old, 821 General Pershing St., NOLA

Session I: 6/30 – 6/14 Session II: 6/17 - 6/28 Session III: 7/1 - 7/12

Session IV: 7/15 – 7/26 Session V: 7/29 – 8/2

Full day: 2 week session \$489 1 week session \$259

Half day: (3 - 4 year old campers only) 2 week session \$389 1 week session \$199

*(A 5% sibling tuition discount is offered to the second child enrolling in summer camp.)

Payment Method: Cash Check Credit Card

Card Number: _____

Expiration Date: (MM/YY) _____ / _____ CVC: _____ Billing Zip Code : _____

CARPOOL INFORMATION

Carpool for morning drop-off is from 8:30am – 8:40am. Carpool for afternoon pick-up is from 3:20pm to 3:30pm. Please do not park in the carpool lane during carpool times as this disrupts our routine and



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significantly slows the drop-off/pick-up process. Note: if your child is dropped off *before* 8:30am or picked up *after* 3:30pm, you will be charged before-care and/or after-care fees.

EMERGENCY CONTACTS (Please provide the names of two additional people, different from the parents/guardians listed above, who will be contacted in case of an emergency.)

Emergency Contact #1's Name: _____ Relationship: _____

Home Phone: _____ Work/Cell Phone: _____ ext. _____

Emergency Contact #2's Name: _____ Relationship: _____

Home Phone: _____ Work/Cell Phone: _____ ext. _____

RELEASE TO PICK UP (Please list the names and phone numbers of people who are approved to pick up your child.)

HEALTH AND SAFETY INFORMATION (Please list all known conditions.)

Does your camper have any medical conditions, allergies, or special needs the staff should know about?

*NOTE – Campers will be participating in extensive cooking activities. This includes not only the **ingestion** of food, but also the **manipulation** of food. Please keep this information in mind while considering allergies to report.

Does your camper have any behavioral or emotional issues the staff should know about?

Is your camper taking any medication? If so, what is the medication and for what reason?

Camper's Doctor's Name: _____ Address: _____

Phone: _____ Insurance Company: _____

Insurance Company's phone: _____ Policy Holder's name: _____

Policy #: _____ Group ID: _____

OTHER INFO.

Will the camper require before care services (available from 7:30am to 8:30am)? Yes No



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Will the camper require after care services (available from 3:30pm to 5:30pm)? Yes No

Does the camper nap? Yes No

Is there anything else you would like us to know? _____

REFUND AND CANCELLATION POLICY

Cancellations or withdrawal made, due to personal reasons, prior to or during a session of the summer camp will not receive a refund.

In the event you must withdraw your camper or cancel your enrollment, a refund, if any, will be issued as follows:

☛ Cancellation requests due to camper illness or accident prior to the start of camp session start date require a physician's written verification. Upon receipt of verification, we will issue a refund.

A cancellation notice must be submitted in writing.
Any refund issued will be made by check.



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GENERAL RELEASE, WAIVER AND HOLD HARMLESS AGREEMENT

I, _____, on behalf of my child, _____, do hereby allow my child to participate in all summer camp activities occurring at Ecole Bilingue de la Nouvelle-Orléans (hereinafter "Ecole Bilingue"), whose summer camp consists of the following programs: Les Petits Aventuriers, Les Grands Aventuriers, whichever one is applicable. I acknowledge and agree that such participation subjects my child to the possibility of physical illness and/or injury and I acknowledge that I am assuming the risk of such illness or injury by allowing my child to participate in Ecole Bilingue's summer camp program(s). I certify that my child is physically fit and has not been advised to refrain from participating in Ecole Bilingue's summer camp activities by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my child's participation in Ecole Bilingue's summer camp activities.

In the event of such illness or injury, I hereby waive, release and hold harmless from any and all liability, including but not limited to, liability arising from the negligence, fault, or any other claim, judgment, loss, cost and/or expense (including, without limitations, attorney's fees and costs), Ecole Bilingue, the hosting site of the activity, on whose premises the event should occur, and the respective directors, officers, representatives, members, agents, and employees of Ecole Bilingue (hereinafter collectively "Releasees"), for any and all claims, suits, and/or actions for personal injury, death, disability, property damage and/or theft arising out of or connected to Ecole Bilingue's summer camp activities. In the event of such illness or injury, I authorize Ecole Bilingue to obtain necessary medical treatment for my child and further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of any illness or injury that my child may sustain during the activity, including travel to and from the activity.

I further expressly agree to indemnify and hold harmless Releasees and Releasees heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by myself or by any other person or persons on account of damages of any character resulting to my child in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss, damages or costs Releasees may have to pay as a result of any such action, claim or demand.

I understand that while participating in camp activities, my child may be photographed. I agree to allow any photo, video, or film likeness to be used for any legitimate purpose by Ecole Bilingue.

This Release, Waiver and Hold Harmless Agreement shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I SIGN IT OF MY OWN FREE WILL.

Parent or Guardian's printed name

Date



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DE LA
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Parent or Guardian's signature

Date