



**2024 PRESCHOOL SUMMER CAMP APPLICATION**

**Check List – Please complete and submit the following forms:**

- Student Information & Parent/Guardian Contact Information
- Emergency Treatment Consent Form
- Health & Medical Insurance Information
- Media Release Permission
- Student Drop-off and Pick-Up Information
- Financial Responsibility & Parent Handbook Acknowledgement
- Liability Agreement
- Physical Examination Report from a Physician--if not already on record
- Student's Health Record Form (to be completed by a Physician)--if not already on record
- Tuberculosis (TB) Test or Letter (to be completed by a Physician)--if not already on record
- Immunization Records (to be provided by a Physician) or Request for Immunization Exemption form--if not already on record

**Please circle below which session(s) your child will be attending**

All Sessions will follow the same schedule: Monday-Friday 9:00 am - 3:00 pm

Join us for one, two, or three sessions: \$600/session

**Mythical Creatures**

*with Ms. Lilly*

June 10th - June 21st

**Dynamic Dinosaurs**

*with Ms. Julie*

June 24th - July 5th

**Grow & Create Garden Fun**

*with Ms. Alysha*

July 8th - July 19th

**For Roots School Office Use Only:**

STUDENT'S NAME: \_\_\_\_\_

Date Forms Received: \_\_\_\_\_

Summer Camp Selected (choose all that apply):

Check # \_\_\_\_\_  Venmo  PayPal  Cash

Session 1     Session 2     Session 3

Amount \$ \_\_\_\_\_

Received By: \_\_\_\_\_



### STUDENT INFORMATION

**Entering Grade:** \_\_\_\_\_

Child's Legal Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Child lives primarily with (name): \_\_\_\_\_

Child's Primary Residence address: \_\_\_\_\_

\_\_\_\_\_

Mailing address, if different from above: \_\_\_\_\_

\_\_\_\_\_

Is your child currently enrolled in School? Please specify if not enrolled at Roots.

Does your child have any learning disabilities we should know of? (IEP, etc.)

Please tell us a little bit more about the social interaction your child has had throughout this past year.

### PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian #1 Name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian #3 Name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian #4 Name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_



**EMERGENCY TREATMENT CONSENT FORM**

**Please refer to the parent handbook for details.**

Child's Legal Name: \_\_\_\_\_

Primary Residence Address: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian to Contact in Emergency: \_\_\_\_\_

Name: \_\_\_\_\_

Call Phone #1: \_\_\_\_\_ Call Phone #2: \_\_\_\_\_

Email: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Emergency Contact (**If parent/guardian is unavailable-who on Maui may we contact**)

Name: \_\_\_\_\_

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

Call Phone #1: \_\_\_\_\_ Call Phone #2: \_\_\_\_\_

Address: \_\_\_\_\_



**HEALTH and MEDICAL INSURANCE INFORMATION**

Special Medical Issues (include anything we should be aware of):

Allergies:

History of asthma? Yes / No

History of seizures or other loss of consciousness? Yes / No

History of heart problems? Yes / No

If you answered “yes” to any of the above, please explain in detail the nature of their condition, including date of last occurrence and frequency of asthma attacks and/or seizures.

May be given as necessary: Ibuprofen? Yes / No

Tylenol? Yes / No

Any specific activities your child is not able to participate in?

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

Member ID Number : \_\_\_\_\_ Group Number: \_\_\_\_\_

Insured’s Name: \_\_\_\_\_

I hereby give my consent in advance to Roots School and to the physicians or hospital selected by them to render emergency treatment as in their judgment is reasonably necessary, including, but not limited to, hospitalization, diagnosis including taking specimens and x-rays, giving blood transfusions and medications, anesthesia and surgery for my dependent listed above. I understand that Roots School will attempt to contact me before securing medical treatment, but that this consent is given in case I am not available in an emergency. I specifically release Roots School from any and all claims, loss, cost, damage or expense arising out of or from any accident or other occurrences causing injury to any person or property.

Name of Parent/Guardian #1 (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Parent/Guardian #2 (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**MEDIA RELEASE PERMISSION**

As the Parent/Guardian of (print legal name of child) \_\_\_\_\_ ,

I understand if I grant permission for certain types of media, my child’s image, voice and/or work may be displayed and/or used in Roots School publications developed by Roots School teachers and/or staff members.

Please initial inside the box to grant or deny permission for the each of following:

<b>Media Release Permission For</b>	<b>I Grant Permission</b>	<b>I Do Not Grant Permission</b>
<b>Advertisements for Roots School</b> (Website, Flyers, magazines, etc.)		
<b>Social media posts</b> (Facebook, Instagram, Weekly Newsletters)		
<b>Internally only</b> (Roots YouTube Channel, Class emails)		



**STUDENT DROP-OFF and PICK-UP INFORMATION**

Please list who, in addition to parents/guardians, is authorized to bring your child to camp and pick up your child afterwards.

**Drop Off: 9:00am** *\*programs begin at 9:30am*

**Pick Up: 3:00pm** *\*15 minute grace window (Please review the "Late Pick-up Policy" in our Parent Handbook.)*

First and Last Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

First and Last Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

First and Last Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

First and Last Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Parent/Guardian #1 (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian #2 (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FINANCIAL RESPONSIBILITY**

**Full payment for selected camp(s) due at time of registration.  
 We accept payment via Check, Venmo, PayPal, and Cash.**

**Cost: \$600.00 per session**

**Sessions Selected:**

- |                                              |       |          |
|----------------------------------------------|-------|----------|
| <input type="checkbox"/> June 10th-June 21st | _____ | \$600.00 |
| <input type="checkbox"/> June 24th-July 5th  | _____ | \$600.00 |
| <input type="checkbox"/> July 8th-July 19th  | _____ | \$600.00 |

TOTAL: \_\_\_\_\_

**Enrollment Policy:** All tuition and fees paid, including pre-payments, are non-refundable. All enrolled students are enrolled for the selected FULL CAMP SESSION(S). Roots shall not make any adjustments in payments for absences, vacations, withdrawal, and/or dismissal. In addition, the Enrollment Contract is not contingent on any specific teacher at the time of enrollment and throughout the session.

**Dismissal Policy:** If the unfortunate circumstance arises in which Roots School determines that the student may not remain enrolled in the camp and should be dismissed; tuition shall be forgiven in ratio to the remaining days of the session, except in those instances in which the separation is due to a violation of these policies by the Parents/Guardians.



**LIABILITY AGREEMENT** between Roots School and the legal Parent(s) / Guardian(s) of :

(print name of student) \_\_\_\_\_

**DEFINITIONS:**

**“Roots School”** means teachers, employees, representatives, property, and any place or location where lessons or activities may take place.

**“Parents/Guardians”** means one or more legal guardians or persons otherwise responsible for making decisions on the student’s behalf.

**“Family & Guests”** means Parents their children, siblings, and any children or adults who are their guests or otherwise the reason they are present on the Roots School property.

**ROOTS SCHOOL PREMISES:**

Safety is always a significant concern and children are not put in dangerous situations; however, Parents/Guardians acknowledge that accidents can happen when children are playing or learning around natural conditions. Parents/Guardians hereby acknowledge that Roots School is located on a rural property. It is acknowledged by all parties that this is not a public school; many modern ideas as to what may be considered expected safety restraints, practices, equipment, warning signs, etc. in a public or school setting may not be present and are specifically not desired to be present by Parents/Guardians. Parents/Guardians expect and desire that there will be regularly occurring activities in alignment with the rural nature of Maui, such as animal handling, tree climbing, hiking, swimming, working with garden tools, and any and all activities in alignment with the rural nature of the area.

With full knowledge of the above facts and warnings, Parents/Guardians accept and assume all risks and responsibility involved in or related to any and all activities engaged in by their Family & Guests while on the Roots School property or in the care of Roots School staff.

**HOLD HARMLESS:**

Roots School does not assume any liability for loss, damage or injury to Family & Guests, persons or their personal property. Parents/Guardians acknowledge that the property is located in a rural community and Roots School has a natural experiential focus, and as such, while all reasonable safety measures for children are always taken, services provided to children are without warranty, guarantee or liability beyond those mandated for the protection of all children under the laws of the State of Hawaii and the United States of America.

**INDEMNITY:**

The undersigned, for himself/herself, his/her children, family & guests, heirs, assignors, executors, and administrators, fully releases and discharges Roots School from any and all claims, demands and causes of action by reason of any injury or whatever nature which has or have occurred, or may occur to the undersigned, or any of his/her children or family & guests as a results of, or in any connections with, Roots School including the use of the premises, property, structures, play equipment, off-property activities, and any and all other Roots School related property or activity, and agrees to hold Roots School and Roots School teachers, staff, volunteers, representatives, and Board, free and harmless of any claim or suit arising therefrom.

**JURISDICTION:**

Any action concerning the rights, duties or liabilities of the parties to this agreement will be decided within the State of Hawaii, County of Maui, and the parties stipulate and agree that all disputes between or arising out of this Agreement must first be submitted to confidential mediation in the County of Maui, State of Hawaii, in accordance with the Rules, Procedures, and Protocols for Mediation of Disputes of Dispute Prevention & Resolution, Inc. (based in Honolulu, Hawaii), then in effect. The mediators’ fees and expenses are to be shared equally between the parties.

**LIABILITY AGREEMENT ACKNOWLEDGMENT:** Parents/Guardians acknowledge they have reviewed and understand the terms of the liability agreement and agree to be bound thereby.

Name of Parent/Legal Guardian #1 (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Legal Guardian #2 (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_