



# 2017 YOUNG EXPLORERS Summer Program

Students ages 3 - 6 years  
7009 Varnum Street, Hyattsville, MD 20784  
www.newhopeacademy.org  
(301) 459-7311 Fax (301) 459-2813



- Program Runs 7:15 a.m. - 6:00 p.m.
- No charge for Extended Care
- Field trips or in-house programs tied to weekly theme
- Water Activities; Arts & Crafts

*Participants are expected to bring a bag lunch. Morning and afternoon snacks will be provided.*

Child's Name: \_\_\_\_\_ Age (as of 6/19/17) \_\_\_\_\_ Birthdate \_\_\_\_\_

If your child was not enrolled in New Hope Academy during the 2015-2016 school year you will need to provide copies of your child's birth certificate and current immunization records. All students must be fully potty-trained to participate in this program.

Health Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Please describe any allergies or medical conditions of which our staff should be aware:

\_\_\_\_\_

**Billing and Contact Information (all information must be completed):**

Parent/Guardian1: \_\_\_\_\_ Parent/Guardian2: \_\_\_\_\_

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

Person 1 responsible for payment \_\_\_\_\_  
Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Person 2 responsible for payment \_\_\_\_\_  
Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone(s): (P1)(\_\_\_\_) \_\_\_\_\_ (P2)(\_\_\_\_) \_\_\_\_\_

Cell Phone(s): (P1)(\_\_\_\_) \_\_\_\_\_ (P2)(\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

**FEE SCHEDULE: Weekly Rates \$285/week for up to 7 weeks, \$280/week for 8+ weeks, \$270/week on 12-month plan**

**12-MONTH PAYMENT OPTION:** If you enroll for at least 8 weeks of the summer program and if you are also registered for the 2017-2018 school year, we can set up a 12-month payment schedule through FACTS or an annual or semester payment plan that includes Summer 2017 as well as the 2017-18 school year. Please indicate below that you would like this option.

Otherwise, to hold your child's place, a \$75 deposit is required for each week for which the child is enrolled. Payment of the balance due above the deposit is due at the start of each two week period as indicated above.

**Please indicate below the weeks that your child will attend. If it is past May 6, please call the school to verify that we have openings for a session.**

- |   |  |   |   |   |
|---|--|---|---|---|
| <input type="checkbox"/> <b>Week 1: Jun. 19 – 23</b><br>(balance due 6/19/16) | <input type="checkbox"/> <b>Week 3: Jul. 3 – 7†</b><br>(balance due 7/3/16)  | <input type="checkbox"/> <b>Week 5: Jul. 17 – 21</b><br>(balance due 7/17/16) | <input type="checkbox"/> <b>Week 7: Jul. 31 – Aug. 4</b><br>(balance due 7/31/16) | <input type="checkbox"/> <b>Week 9: Aug. 14 – 18</b><br>(balance due 8/14/16) |
| <input type="checkbox"/> <b>Week 2: Jun. 26 – 30</b><br>(balance due 6/19/16) | <input type="checkbox"/> <b>Week 4: Jul. 10 – 14</b><br>(balance due 7/3/16) | <input type="checkbox"/> <b>Week 6: Jul. 24 – 28</b><br>(balance due 7/24/16) | <input type="checkbox"/> <b>Week 8: Aug. 7 – 11</b><br>(balance due 7/31/16)      |   |

† Closed July 4<sup>th</sup> for Independence Day

You may change your child's scheduled weeks (if space is available), but you may not reduce the total number of weeks your child will attend. Returned checks will incur a \$30 fee and must be replaced immediately by cash or money order.

**12-Month Payment Option:** You must enroll in the summer program by **April 14** in order to choose this option. You must enroll for least 8 weeks and you also must be enrolled for the 2017-18 school year. Deposit is waived, subject to verification by Accounting Office that you qualify. No credit if your child does not attend a scheduled week. Adding a week later will incur an additional charge. Total Weeks: \_\_\_\_\_

**Biweekly Payment Option:** Pay a \$75 Deposit now to hold your child's place. If your child does not attend a scheduled week, your deposit for that week will be forfeited. You must pay the remaining balance due for each two-week session on the first day of the session or your child may not attend. Total Weeks: \_\_\_\_\_ x \$75 = \$ \_\_\_\_\_ deposit by Check, cash or money order, payable to New Hope Academy

- I have reviewed the program prices and policies and I agree to abide by all conditions regarding payment. I understand that my deposit will be forfeited if my child does not attend a scheduled session.
- I understand that my child may be dismissed from the program without notice if required payments are not made or if there are any serious problems with my child's behavior.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date