



### 2025 Camp Curiosity Tuition Contract

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

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

#### Camp Schedule & Pricing

Opening Date: **June 16, 2025**

Final Date: **August 15, 2025**

Camp:  Curiosity Younger Camp (Preschool - Kindergarten)  Curiosity Older Camp (Grades 1-6)

Weeks:  Wk 1: June 16-20  Wk 2: June 23-27  Wk 3: June 30-July 3\*  Wk 4: July 7-11  Wk 5: July 14-18  
 Wk 6: July 21-25  Wk 7: July 28-Aug. 1  Wk 8: Aug. 4-8  Wk 9: Aug. 11-15

\*Camp Curiosity is closed on Friday, July 4 for Independence Day. A 20% discount will be applied for a 4-day camp week.

Please indicate your child's anticipated hours of arrival and departure: \_\_\_\_\_: \_\_\_\_\_ AM to \_\_\_\_\_ PM (Hours of Operation are: 8:00 AM to 5:00 PM.)

CAMP PROGRAM	CURIOSITY YOUNGER CAMP	CURIOSITY OLDER CAMP
Registration Fee (Non-Refundable)	\$75 per camper	\$75 per camper
Deposit (Due within 2 weeks of registration)	\$55 per week per camper	\$55 per week per camper
Special Offer (Until January 31st)	\$565 per week	\$595 per week
Early Registration (Until March 31st)	\$615 per week	\$645 per week
Regular Registration (Closes June 1st*)	\$665 per week	\$695 per week

My child is eligible for the following discounts applicable for the above-registered camp weeks:

- Curiosity Academy Student Discount (Currently enrolled in the 2024-2025 academic year.)
- Enroll in 5 or more weeks, receive a 5% discount on total
- Sibling Discount: \$10 per week credit for families with 2 or more campers. (Must be enrolled in the same weeks to qualify.)
- Service Discount: \$5 per week credit. (First Responders, Military (Active/Retired/Veteran), Teachers); ID required)
- Referral Credit: \$75 per camper - Name of the family you referred to us: \_\_\_\_\_ Family must register to receive credit)

#### Tuition Responsibilities

Parent/Guardian, \_\_\_\_\_, is responsible for \_\_\_\_\_% of child's total tuition.

Parent/Guardian, \_\_\_\_\_, is responsible for \_\_\_\_\_% of child's total tuition.

\* Existing Custody Order must be attached. Parent/Guardian listed as responsible in this section must sign this contract.

#### Person(s) Designated by Parent to Whom Child May Be Released

Authorized Person (1), \_\_\_\_\_ Authorized Person (3), \_\_\_\_\_

Authorized Person (2), \_\_\_\_\_ Authorized Person (4), \_\_\_\_\_

Our services to be provided as part of your child's enrollment during the above hours of attendance and for the above tuition fee include child care and age-appropriate camp, developmental programs during the session dates above. Tuition includes both morning and afternoon snacks with opt-in additional fee for lunch. Supervision and child care/camp services are provided during all hours of operation, 8:00am to 5:00pm.

By signing this contract, the undersigned parent/guardian acknowledges 1) approval and confirmation of the child's schedule as agreed upon by parent and center, understand and agree that each parent/guardian signing the contract is responsible for payment of tuition for their child, and the primary parent/guardian is the main supervisor of the child's records and tuition, 2) has read, understands, and agree of all tuition, facility, program, calendar and center policies and services as expressed in the website, application, this contract, and the Academy Handbook, 3) agreeing to review and update the tuition contract and emergency record/parental consent information when changes occur or every six months at a minimum. All reimbursement will only be issued to the person who signed the tuition contract. If tuition responsibilities are shared in a custody order, both parents/guardians must sign this contract.

▲ Signature of Parent/Guardian (1)      ▲ Date

▲ Signature of Parent/Guardian (2)      ▲ Date

▲ Signature of Director/Administrator      ▲ Date

Office Use Only:  
First day of Attendance: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_

Reg Fee.: \_\_\_\_\_ Deposit: \_\_\_\_\_ Health Form: \_\_\_\_\_ Emer. Contact: \_\_\_\_\_ Sunscreen: \_\_\_\_\_ Medication (if applicable): \_\_\_\_\_

## TERMS AND CONDITIONS OF ENROLLMENT

\*Please **read and initial** each statement below acknowledging that you have read, understand, and agree to the terms and conditions of enrollment.

### TUITION AND REGISTRATION AGREEMENT

- Non-refundable registration fee of \$75.00 per child for summer sessions is due at time of registration. The deposit of \$55 per camper per week will be invoiced to the account after the administration reviews enrollment and is due in two weeks. Deposit is not refundable after June 1st.
- Camp accounts must be paid in full and are due by payment dates listed in the Camp Handbook and as selected by the Primary Account Holder. Any accounts overdue **past session payment deadline** will no longer be eligible for future enrollment, regardless of acceptance or confirmation, and all children in the family will go on waitlist for any future summer sessions applied for, pending receipt of payment of full balance. We cannot guarantee a space will remain open for a child should this occur.
- I am responsible for notifying the office in writing via email to [summer@campcuriosity.com](mailto:summer@campcuriosity.com) of any enrollment changes and/or cancellations. A schedule change or cancellation may alter eligibility for discounts.
  - All changes made after April 1st are subject to a **\$25 fee per week per camper per change**. Changes are subject to availability. Changes are discouraged due to our limited availability and your child/ren may be put on a waitlist for the requested week if the child is switching weeks. Changes may alter eligibility for discounts.
- Registrations submitted after session payment due date are to be paid in full and will not be refunded for changes or withdrawal.
- Registration payment will not be reimbursed, refunded, or credited for half or full-day absences, illness, vacation, holidays, and/or the total number of emergency closure days due to (but not limited to) weather, power outage, emergency circumstances affecting our campus, staff, or programs, community safety such as communicable illness, threat of violence, or environmental hazard, and mandated closure issued by government, state agency, or local authority mitigations.
- Closed dates have been assigned in our calendar annually for, but not limited to, holidays and designated campus preparation time.
- Fees for late departure will be applied as stated in the Camp Handbook. **A fee of \$15.00 per camper will be charged for late pick up after 5:00pm. Late pick ups after 5:10pm will be charged an additional fee.**
- All account credit balances for tuition and snack bar accounts will not be granted until after the conclusion of each session for which all children in the family/household are enrolled. Withdrawal credits will not be reimbursed until the conclusion of the session the child was withdrawn from. Reimbursement checks will only be issued to a parent/guardian who signed the tuition contract for a child. Credit balances will remain on accounts for future use unless and until a parent/guardian, who signed their child's tuition contract, requests reimbursement by check to be mailed to their home address.
- Financial records for tax purposes shall be provided upon request.
- Any outstanding or unpaid balance on my account past due for 30 days or more is subject to a finance charge of 1.5% monthly, 18% annually, and all discounts rescinded.
- If my account becomes overdue or unpaid, my child may be dismissed from enrollment with Camp Curiosity, Curiosity Shoppe & Toddler Center, and a professional collection agency may be utilized for collection. If my account remains overdue or unpaid for **six (6) months** and is issued to the responsibility of a professional collection agency, I understand that I am responsible for any fees charged by the agency in addition to any unpaid tuition balance.
- All electronic card payments will include a **3% processing fee** in addition to tuition that is the responsibility of the parent. Direct bank payment (ACH) does not have a fee (subject to change).

### FORMS REQUIRED FOR ACCEPTANCE

- All of the following are required for enrollment: 1) Camper registration and profile, 2) eSign Tuition Contract, Terms and Conditions of Enrollment, Civil Rights Compliance, 3) Camper Health Assessment (Doctor signature required), 4) Sunscreen form, 5) Emergency Contact form.

**No child may begin their camp program without a valid and signed health assessment on file.** If required records are not submitted or renewed in accordance to policy, my child will become ineligible for attendance and may be dismissed from enrollment.

- Application must be renewed annually, and registration is only accepted for new sessions when registration payment is current for all previous session attendance and all required paperwork and payment included.
- **Medication Forms:** Medication forms for prescriptions and non-prescription medications are to be completed and signed by parent or guardian (and doctors for prescription medications) in order for office staff to administer medications.

### CAMP HANDBOOK ACKNOWLEDGEMENT

- I certify that I have read, understand, and agree to comply with the provisions listed herein and as issued in the Camp Handbook for Camp Curiosity, Curiosity Shoppe, and Toddler Center. I acknowledge that these policies and provisions are subject to modification at the discretion of Camp Curiosity, Curiosity Shoppe, and Toddler Center Inc. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure, will result in immediate termination of services.

### CONDITIONS REQUIRED FOR ACCEPTANCE

- **Medical Permissions:** Camp Curiosity requires all campers to have emergency medical care and be administered first aid and CPR by the staff in order to participate. Parent or guardian provides permission for camper to receive care.
- **Participation Permissions:** Camp Curiosity requires all campers to take walks on campus, wade, and swim (mandated for K-Prep through Older Camp groups). Parent or guardian provides permission for camper to participate.
- **Photo/Video Permission:** Parent or guardian gives permission to have photographs/videos of camper used for internal camp communications, family sharing, and social media/advertising purposes.

### ASSUMPTION OF RISK

- I acknowledge that Camp Curiosity will do their best to provide the safest camp environment possible. Even with all precautions being taken, Camp Curiosity can not guarantee a risk-free environment. Please be aware of the risk your camper/s are assuming by participating in camp activities.
- **Farm Animal Release of Liability:**
- I knowingly and voluntarily assumes any and all risk, known or unknown, associated with my child/ren's participation in Camp Curiosity's farm animal program and facility, even if such injury or harm results from negligence of myself, the minor child/ren, Camp Curiosity, its owners, employees, or any other third party and/or entity.
- I agree to accept all responsibility for any and all losses and/or injuries sustained by the minor child/ren as a result of their involvement and participation in Camp Curiosity's program and presence at Camp Curiosity's facility.
- I release, indemnify, and hold harmless Camp Curiosity Inc., Curiosity Shoppe, Inc. and Toddler Center, Inc. (collectively "Camp Curiosity"), including but not limited to its officers, employees, volunteers, shareholders, members of the board of directors, affiliates, subsidiaries, related entities and organizations, partners, sponsors, advisers, and/or owners of the premises used for subject activities from any and all claims, demands, damages, causes of action, losses to other person or property, disability and/or death, resulting from or which may arise as a result of their (and/or the minor child's) involvement and participation in Camp Curiosity's program and presence at Camp Curiosity's facility, whether or not the injuries and damages result from the negligence of the undersigned, the minor child, and/or any other third party and/or entity.
- I further acknowledge that if they violate the terms of this Release, they shall be responsible for any and all costs incurred by Camp Curiosity and/or its affiliates, including but not limited to reasonable attorney's fees and costs of suit, to defend claims brought contrary to the terms stated herein.

▲ Signature of Parent/Guardian (1)

▲ Date

▲ Signature of Parent/Guardian (2)

▲ Date

## CIVIL RIGHTS COMPLIANCE

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex. Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods. Any individual/client/patient/student (and/or guardian) who believes they have been discriminated against may file a complaint of discrimination with:

- **Camp Curiosity, Curiosity Shoppe & Toddler Center Inc., 4425 Landisville Road, Doylestown, PA 18902**
- Commonwealth of PA Department of Human Services Bureau of Equal Opportunity Rm 225 Health & Welfare Building, PO Box 2675 Harrisburg, PA 17105
- PA Human Relations Commission Philadelphia Regional Office, 110 N. 8th Street Suite 501 Philadelphia, PA 19107
- US Dept. of Health & Human Services Office for Civil Rights Suite 372 Public Ledger Building, 150 S. Independence Mall West, Philadelphia, PA 19106
- Commonwealth of PA DHS Bureau of Equal Opportunity Southeast Regional Office, 801 Market Street Suite 5034 Philadelphia, PA 19107

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▲ Signature of Parent/Guardian (1)

▲ Date

▲ Signature of Parent/Guardian (2)

▲ Date

# CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

**DO NOT OMIT ANY INFORMATION**

**This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.**

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):  
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.  
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):  
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.  
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?  
 YES  NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT [WWW.AAP.ORG](http://WWW.AAP.ORG))

YES  NO

**NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.**

VISION (subjective until age 3)

HEARING (subjective until age 4)

LEAD

**RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD**

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:

ADDRESS:

PHONE:

SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT

TITLE:

LICENSE NUMBER:

DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

# EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124 (a) (b), 3270.181 & 182; 3280.124 (a) (b), 3280.181 & .182; 3290.124 (a) (b), 3290.181 & .182

<b>CHILD'S NAME</b>		DATE OF BIRTH
ADDRESS		
<b>PARENT'S NAME/LEGAL GUARDIAN</b>		HOME TELEPHONE NUMBER (    )
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
<b>PARENT'S NAME/LEGAL GUARDIAN</b>		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
<b>EMERGENCY CONTACT PERSON(S)</b>	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	NAME	ADDRESS
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL SITUATION	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)	
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>	<b>ADMIN. OF MINOR FIRST-AID PROCEDURES</b>	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

**PERIODIC REVIEW**

\_\_\_\_\_

SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_

DATE

\_\_\_\_\_

SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_

DATE

**WHITE COPY** (Original)

**YELLOW COPY** (Child Care Space)

**PINK COPY** (Excursion)

# Sunscreen Form

Protocol for a child requiring sunscreen storage and application with our facility is as follows:

- For **Prescription Sunscreens**, the prescribing health care provider must complete and sign in section two below.
- Sunscreen is only accepted in **original labeled container and box** with all labels. We will not accept home-made or sunscreens in any container other than that provided by manufacturer.
- 2 new, unopened bottles of sunscreen must be provided for each child.
- Please only list one child per form.
- Sunscreen may **NOT** be in the possession of a child enrolled and must be provided for storage according to center policy.
- **Sunscreen Forms must be renewed annually at the start of each session.**

Child Name \_\_\_\_\_

This permission form is valid for: \_\_\_\_\_

Brand(s) your child will use (Required): \_\_\_\_\_  
\_\_\_\_\_

Expiration Date must be valid through the entire camp season: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Special Directions for use \_\_\_\_\_

## **TO BE COMPLETED BY PRESCRIBING HEALTH CARE PROVIDER FOR PRESCRIPTION SUNSCREEN**

It is my understanding that the employees of a child care facility charged with the administration of this treatment/procedure during childcare hours rely on directions contained in this document. I further certify that I am the health care provider who prescribed the treatment, that the child named on this document is under my supervision as a patient, and that the medication and dosage information on this document is accurate for this child. **Child's medication use plan as issued by his/her physician, if one exists, has been attached to this form.**

PRESCRIBER NAME \_\_\_\_\_ PRESCRIBER SIGNATURE \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

CONTACT PHONE \_\_\_\_\_ DATE \_\_\_\_\_

## **PARENT DECLINE THE STORAGE AND USE OF SUNSCREEN FOR THEIR CHILD**

As the parent/guardian of the above named child, I decline for my child to store and apply personal sunscreen while in the care of Camp Curiosity, Curiosity Shoppe, and Toddler Center and actively enrolled and present on the campus of Camp Curiosity, Curiosity Shoppe, and Toddler Center. I fully understand and agree that Camp Curiosity is not responsible for the application of sunscreen to my child, that my child may participate in all regular outdoor activities that are not shaded, and that I hold Camp Curiosity, Curiosity Shoppe, and Toddler Center Inc. and its personnel fully harmless and take full responsibility if my child acquires any sun reaction effects to his/her body due to unprotected sun exposure while in the care of Camp Curiosity, Curiosity Shoppe, and Toddler Center.

PARENT SIGNATURE OF DECLINE \_\_\_\_\_ DATE \_\_\_\_\_

## **PARENT ACCEPTANCE AND REQUEST FOR SUNSCREEN STORAGE AND ADMINISTRATION**

As the parent/guardian of my named minor child, I grant my permission for Camp Curiosity, Curiosity Shoppe, and Toddler Center Inc. personnel to apply or help to apply the sunscreen described above to my child for the prevention of sun exposure, and hold fully harmless all Camp Curiosity, Curiosity Shoppe, and Toddler Center Inc. personnel should my child result in exposed skin areas, including back, chest, neck, stomach, limbs, face, as needed by the child.

I agree that my child has been administered the above listed sunscreen brand by a parent/guardian prior to the parent/guardian's request for administration by Camp Curiosity, Curiosity Shoppe, and Toddler Center Inc. and he/she did not have any bodily reaction as a result of its use.

I agree that the above sunscreen will be provided to the Camp Curiosity office with all required labels, packaging, and expiration date to be stored by Camp Curiosity on campus throughout the duration of my child's attendance and may not be kept in my child's possession.

I hereby request that the sunscreen described above be administered to my child and release and hold harmless Camp Curiosity, Curiosity Shoppe, and Toddler Center Inc. and its employees from liability for any damages my child may suffer as a result of this request.

PARENT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_