# 2026 NWHSC SAS SUMMER CAMP ENROLLMENT FORM

| 2026 SUMMER ENROLLMENT CHECKLIST | |
|---|---|
| | Complete 2026 Summer Enrollment Form |
| | Complete Health Record for each child |
| | Plan of Care and/or Medication Consent Forms (if applicable) |
| | Custody Agreement/Decrees (if applicable) |
| | Payment - Enrollment Fee (First week's tuition is due no later than the Friday before summer camp begins) |

## HOW TO SUBMIT ENROLLMENT APPLICATION
**(INCLUDING ANY ADDITIONAL REQUIRED DOCUMENTS)**

**SAS Summer Camp will be held 6:30 AM to 6:00 PM at Pittsboro Primary School.**
**Enrollment forms may be turned in to either director.**

| **Pittsboro Elementary and Pittsboro Primary School** | **North Salem Elementary** |
|---|---|
| Mail: NWHSC SAS Director (Denise Smeltzer)<br>540 Osborne Avenue<br>Pittsboro, IN 46167 | Mail: NWHSC SAS Director (Kristi Lippard)<br>7027 N St Rd 75<br>North Salem, IN 46165 |
| Email: smeltzerd@hendricks.k12.in.us | Email: lippardkr@hendricks.k12.in.us |
| Fax: 317-994-2100 ext. 2111 | Fax: 317-994-3000 ext 3026 |

## SAS Summer Camp FAQ's

Can I add a week of camp after my child is enrolled?
- ➔ Yes! You may add weeks to your child's enrollment, however you must let the directors know by the Friday before the week you would like to add.

Are weekly tuition rates due if my child does not attend camp?
- ➔ Yes, weekly tuition rates for the weeks you have enrolled your child in camp are due regardless of attendance.

Does camp tuition include lunch?
- ➔ No, your child will need to bring lunch everyday to camp. SAS does provide a morning and afternoon snack.

What should my child bring to camp?
- ➔ Your child will need a lunch, water bottle, and non aerosol sunscreen daily at camp.

Can my child bring toys from home to camp?
- ➔ We ask that your child not bring toys/electronics from home. SAS will provide plenty of toys & activities to keep your child entertained for the day.

What days are campers leaving the school for field trips?
- ➔ Field trips are scheduled on Tuesdays (K-2) and Thursdays (3-5). There may be an exception to this due to scheduling transportation or weather.

Can I cancel or make changes once my child is signed up?
- ➔ No changes or cancellations can be made after **May 15, 2026** and be eligible for a refund for prepaid weeks.

| ENROLLMENT FEE | |
|---|---|
| Summer Camp Enrollment Fee | **Free Enrollment** for all families who submit completed enrollment forms by March 26, 2026<br><br>$25.00 (per child) after March 26, 2026 |

| TOTAL AMOUNT DUE WITH ENROLLMENT PACKET | | | |
|---|---|---|---|
| **Enrollment Fee:** | $_____ x ____ (# of children) | Enrollment Fee Total= | $ |
| **Weekly Tuition Rate:** | Child #1 $_____ + Child #2 $_____ | First Week's Tuition Total= | $ |
| | | Total Included= | $ |
| | | If you are in need of tuition assistance, please e-mail Mr. Hobaugh at hobaughd@hendricks.k12.in.us | |

## Summer Camp Weekly Tuition Rates

| | Weekly Rate (per child) | Weekly Rate Free Lunch (per child) | Weekly Rate Reduced Lunch (per child) | Weekly Rate Military Discount (per child) | Weekly Rate 3+ Children (per child) |
|---|---|---|---|---|---|
| Full Time | ☐ $200 | ☐ $80 | ☐ $140 | ☐ $170 | ☐ $180 |
| Part Time (3 days or less) | ☐ $170 | ☐ $68 | ☐ $119 | ☐ $144 | ☐ $153 |

**STAFF USE ONLY**

**Amount Paid $**_____ **Check #**_____ **Date Received** _____/_____/_____ **Staff Initials** _____

## CAMPER #1

| Last | First | MI |
|---|---|---|
| Date Of Birth ____/____/____ | School | |
| Grade (in fall) | Gender ☐ Male ☐ Female | Age |

Please check the week(s) your child will attend:

- ☐ Week 1: Monday June 1 - Friday June 5
- ☐ Week 2: Monday, June 8 - Friday June 12
- ☐ Week 3: Monday, June 15 - Friday, June 19
- ☐ Week 4: Monday June 22 - Friday June 26
- ☐ Week 5: Monday, June 29 - Friday, July 3 (Closed July 3rd for the 4th of July)
- ☐ Week 6: Monday, July 6 - Friday, July 10
- ☐ Week 7: Monday, July 13 - Friday, July 17

**Child #1 Shirt Size: (FREE SAS Field Trip Shirt If Enrolled By May 15th)**

- ☐ Youth Small
- ☐ Youth Medium
- ☐ Youth Large
- ☐ Adult Small
- ☐ Adult Medium
- ☐ Adult Large
- ☐ Adult XL

## CAMPER #2

| Last | First | MI |
|---|---|---|
| Date Of Birth _____/_____/_____ | School | |
| Grade (in fall) | Gender ☐ Male ☐ Female | Age |

Please check the week(s) your child will attend:

- ☐ Week 1: Monday June 1 - Friday June 5
- ☐ Week 2: Monday, June 8 - Friday June 12
- ☐ Week 3: Monday, June 15 - Friday, June 19
- ☐ Week 4: Monday, June 22 - Friday, June 26
- ☐ Week 5: Monday, June 29 - Friday, July 3 (Closed July 3rd for the 4th of July)
- ☐ Week 6: Monday, July 6 - Friday, July 10
- ☐ Week 7: Monday, July 13 - Friday, July 17

**Child #2 Shirt Size: (FREE SAS Field Trip Shirt If Enrolled By May 15th)**

- ☐ Youth Small
- ☐ Youth Medium
- ☐ Youth Large
- ☐ Adult Small
- ☐ Adult Medium
- ☐ Adult Large
- ☐ Adult XL

## CAMPER #3

| Last | First | MI |
|---|---|---|
| Date Of Birth _____/_____/_____ | School | |
| Grade (in fall) | Gender ☐ Male ☐ Female | Age |

Please check the week(s) your child will attend:

- ☐ Week 1: Monday June 1 - Friday June 5
- ☐ Week 2: Monday, June 8 - Friday June 12
- ☐ Week 3: Monday, June 15 - Friday, June 29
- ☐ Week 4: Monday, June 22 - Friday, June 26
- ☐ Week 5: Monday, June 29 - Friday, July 3 (Closed July 3rd for the 4th of July)
- ☐ Week 6: Monday, July 6 - Friday, July 10
- ☐ Week 7: Monday, July 13 - Friday, July 17

**Child #3 Shirt Size: (FREE SAS Field Trip Shirt If Enrolled By May 15th)**

- ☐ Youth Small
- ☐ Youth Medium
- ☐ Youth Large
- ☐ Adult Small
- ☐ Adult Medium
- ☐ Adult Large
- ☐ Adult XL

## PARENT GUARDIAN #1

| Last | First | | |
|---|---|---|---|
| Relationship To Child | Employer | | |
| E-mail | | | |
| Street Address | City | State | Zip |
| Cell Phone | Work Phone | Home Phone | |

Check all that apply:

- ☐ Lives with Child
- ☐ Emergency Contact and Authorized Pick-Up
- ☐ Responsible for Payment

Employee of NWHSC  School Name _____

## PARENT GUARDIAN #2

| Last | First | | |
|---|---|---|---|
| Relationship To Child | Employer | | |
| E-mail | | | |
| Street Address | City | State | Zip |
| Cell Phone | Work Phone | Home Phone | |

Check all that apply:

- ☐ Lives with Child
- ☐ Emergency Contact and Authorized Pick-Up
- ☐ Responsible for Payment

Employee of NWHSC  School Name _____

## ADDITIONAL EMERGENCY CONTACTS & AUTHORIZED PICK-UP

**(must be 18 years or older and ID required)**

| | |
|---|---|
| Name | Relationship to child |
| Phone | Phone |
| | |
| Name | Relationship to child |
| Phone | Phone |
| | |
| Name | Relationship to child |
| Phone | Phone |
| | |

## HEALTH RECORD FOR CAMPER #1

| Child's Name | Date of Birth |
|---|---|
| | |

## INDIVIDUAL EDUCATION PLAN (IEP)

Does your child have an IEP

- ☐ Yes
- ☐ No

If yes, please submit a copy of the IEP with your enrollment packet.

## MEDICAL INFORMATION (required)

| Primary Physician | Physician Phone |
|---|---|
| | |

## HEALTH CONDITIONS & SPECIAL NEEDS (required)

Does your child have a diagnosed condition or special needs

- ☐ Yes
- ☐ No

If yes, check all that apply and submit a Plan of Care Form with your enrollment paperwork.

- ☐ Allergy (food)
- ☐ Allergy (non-food)
- ☐ Asthma
- ☐ Diabetes
- ☐ Epilepsy/Seizures
- ☐ Hearing/Visual Impairment
- ☐ Other, please list _____

Are there any modifications or accommodations that would be beneficial to your child

- ☐ Yes
- ☐ No

## MEDICATIONS (required)

Does your child take regular medication?

- ☐ Yes
- ☐ No

If yes and medication is to be dispensed while at NWHSC SAS, submit a completed Medication Consent Form when you drop off the medication on the child's first day. Medication must be in the original bottle with the label attached.

## HEALTH RECORD FOR CAMPER #2

| Child's Name | Date of Birth |
|---|---|
| | |

## INDIVIDUAL EDUCATION PLAN (IEP)

Does your child have an IEP

- ☐ Yes
- ☐ No

If yes, please submit a copy of the IEP with your enrollment packet.

## MEDICAL INFORMATION (required)

| Primary Physician | Physician Phone |
|---|---|
| | |

## HEALTH CONDITIONS & SPECIAL NEEDS (required)

Does your child have a diagnosed condition or special needs

- ☐ Yes
- ☐ No

If yes, check all that apply and submit a Plan of Care Form with your enrollment paperwork.

- ☐ Allergy (food)
- ☐ Allergy (non-food)
- ☐ Asthma
- ☐ Diabetes
- ☐ Epilepsy/Seizures
- ☐ Hearing/Visual Impairment
- ☐ Other, please list _____

Are there any modifications or accommodations that would be beneficial to your child

- ☐ Yes
- ☐ No

## MEDICATIONS (required)

Does your child take regular medication?

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If yes and medication is to be dispensed while at NWHSC SAS, submit a completed Medication Consent Form when you drop off the medication on the child's first day. Medication must be in the original bottle with the label attached.

## HEALTH RECORD FOR CAMPER #3

| Child's Name | Date of Birth |
|---|---|
| | |

## INDIVIDUAL EDUCATION PLAN (IEP)

Does your child have an IEP

- ☐ Yes
- ☐ No

If yes, please submit a copy of the IEP with your enrollment packet.

## MEDICAL INFORMATION (required)

| Primary Physician | Physician Phone |
|---|---|
| | |

## HEALTH CONDITIONS & SPECIAL NEEDS (required)

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**ENROLLMENT TERMS**

**I understand and agree to the following:**

_____ I have read and agree with NWHSC SAS' policies outlined in the parent handbook.
(Initial)

_____ I understand that my child(ren) must be signed into and out of the program each day by myself or another adult previously authorized by me.
(Initial)

_____ I understand that if I apply for summer financial assistance, full weekly summer tuition rates must be paid until notification of any scholarship awarded by the NWHSC Central Office.
(Initial)

_____ I agree to pay summer weekly tuition on Friday for the following week. I understand my summer weekly tuition is due regardless of my child's attendance. **Credits are not available due to illness, absence, suspension or exclusions due to behavior from the program.**
(Initial)

_____ I understand that late payment fees in the amount of $10 per week will be assessed if my account becomes delinquent. After two weeks of non-payment, the child's participation in SAS will be forfeited.
(Initial)

_____ I agree to pick up my child(ren) from SAS by 6:00 PM according to the SAS clock. Any parent who is unable to pick up their child(ren) by 6:00 PM will be assessed a flat $10 fee for the first five minutes. After five minutes, a $1 per minute fee is charged. Failure to pick up my child(ren) on time may forfeit my participation in SAS.
(Initial)

_____ I understand that parents are responsible to send sunscreen, SPF 30 or higher with their child(ren). Parents are also responsible to send bug spray if applicable. I understand that it is my child's responsibility to apply them as needed. SAS staff can remind and assist my child(ren) as needed. **(Non-aerosol sunscreen/bug spray only)**
(Initial)

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**PARENT PERMISSION/Release and Waiver**

_____ I give permission for my child(ren) to participate in all SAS activities and field trips during the 2026 summer camp.
(Initial)

_____ If emergency medical care is deemed necessary, and I cannot be contacted, I authorize SAS staff to act on my behalf in granting permission for my child(ren) to receive emergency treatment.
(Initial)

_____ I agree to be financially responsible for any medical care or transportation expenses incurred on my child(ren)'s behalf.
(Initial)

_____ _____ Date:_____
Parent/Guardian Printed Name — Parent/Guardian Signature

_____ _____ _____
Child #1 Printed Name — Child #2 Printed Name — Child #3 Printed Name