Dorchester Academy Summer Camp 2025

Dorchester Academy will be offering a summer day camp for children ages 2 - 12. The summer camp will have weekly themes and offer a variety of activities. PLEASE COMPLETE AND RETURN THIS PACKET TO GUARANTEE YOUR CHILD(REN) A SPOT IN OUR PROGRAM. An activity fee of \$50 will be charged to your FACTS account when your application has been accepted. Once we are full, no more children will be accepted. Applications will be accepted on a first-come basis.

Dates and Times:

- 7:30 am-5:30 pm from Monday, June 2 Friday, August 1.
- We will be closed for the 4th of July (June 30 July 4).
- There will be a \$5 late fee for every 5 minutes you are late to pick up your child.

Little Raider Camp:

- This group will be for students entering K3, K4, and K5 (depending upon birthdate).
- These students will be housed on the lower school wing in one of the DSS approved classrooms.
- These campers will be **dropped off and picked up at the end door of the lower school** hall.
- Students will need to bring all lunch and snack items. Only a few snack options will be available for purchase.
- This program is limited to the first 12 students that sign up.
- There will only be a few part time spots with a 2-Day (Tuesday and Thursday) and 3-Day (Monday, Wednesday, and Friday) option available on a first come, first serve basis.
- To reserve your spot, you must have completed the 2025-26 Dorchester Academy Enrollment/Contract form and the completed attached form. We will bill the \$50 registration fee through your FACTS account.

Raider Camp:

- This group will be for all students who are 5 years through 6th grade.
- These students will be housed in the cafeteria during summer camp.
- These campers will be **dropped off and picked up from the cafeteria door.** Students will need to bring lunch and snack items. There will be some lunch and snack items available for purchase.
- If you have students in Little Raider Camp and Raider Camp; you will have to drop off and pick up at both of the doors. Siblings will stay with their age group during the day.
- To reserve your spot, you must have completed the 2025-26 Dorchester Academy Enrollment/Contract form and the completed attached form. We will bill the \$50 registration fee through your FACTS account.

Plans & Pricing:

There is a non-refundable \$50.00 activities/registration fee per child that will be billed through FACTS. Weekly fees will also be charged through your child's FACTS account.

You *must* choose a plan for your child to follow all summer. If you choose *Part Time* and your child ends up needing to come more than 3 days a week, you will pay the *Full Time* Fee for the week needed.

Students must be under contract with Dorchester Academy for the 2025-2026 school year.

Part Time Plan: 2 Options (See Below)

This plan is for parents who plan to use Summer Camp a maximum of 3 times each week. If your child does not come for all days in a week, you will still be *required* to pay the part-time rate.

2-Day Option: \$70

(Tuesday/Thursday)

3-Day Option: \$100

(Monday/Wednesday/Friday)

Full Time Plan: \$150 per week

This plan is for parents who plan to use Summer Camp as child care all 4-5 days each week. If your child does not come 4-5 days in a week, you will still be required to pay the full-time rate.

Additional fees MAY be requested prior to special activities such as field trips, projects, etc.

Lunch/Snacks:

Children are responsible for bringing their own lunch and snack each day. We will have some items available for purchase for Raider Campers (i.e.pizza, corn dogs, chips, drinks, and other snacks). Parents can leave money on a lunch account (NOT your FACTS account) with us to be used when students need additional money for snacks/lunch. We will not allow "charging." Students will NOT have access to the vending machines. We will have a variety of snacks available.

Communication:

The Remind app will be used for communication. This will be the primary form of communication about summer camp. "Miss" Sandi will send out reminders about activities, events and other important information. Please join the class following the details below: **Text @dacamp to 9276793**

Dorchester Academy

2025 Summer Camp Registration Packet

Child's Name:	Grade Just Completed:	Birthdate:
Please list any allergies: Additional Children:		
Child's Name: Please list any allergies:		Birthdate:
Child's Name:	Grade Just Completed:	Birthdate:
Please list any allergies:		
Parent's Name(s):		
Email:	Phone:	

Summer Camp Plan (Check One):

Part Time 2 Day Option (Tuesday/Thursday Only)
Part Time 3 Day Option (Monday/Wednesday/Friday Only)
Full Time

Payment Agreement

If Miss Sandi is made aware *one full week* in advance that your child will not be attending Summer Camp because of vacation, other camps, etc. you will not be held responsible for paying in their absence. However, if she is not made aware of your child's absence *one full week* in advance, you will be responsible for paying the weekly rate plan that you choose on the attached form. This system has been put into place as a way to ensure that Dorchester Academy has the correct amount of staff scheduled to work each day, so we can provide a safe and happy environment for your children.

***Please include dates that you already know your child/children will NOT be at summer camp. (These need to be completed to insure that you are not charged.)

Child Pick-Up Authorization

Relationship:	Phone		
Additional person(s) who n	nay pick up my children:		
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
Any person(s) NOT author	zed to pick-up my children:		

Parent/Guardian Signature: _____ Date: _____

Summer Time Water Activities

This summer we will be having some water activities including, but not limited to slip-n-slide, kiddie pools, water sprinklers, etc. You will be informed ahead of time of these activities. I give permission for my child to participate in the water activities at the Dorchester Academy Summer Camp. I will not hold the school or its employees accountable for accidents.

Parent/Guardian Signature:	Date:
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Photo/Video Release

I hereby grant permission to Dorchester Academy to use photos, images and/or video of the children listed in this packet for advertising and publicity purposes including, but not limited to, brochures, web sites, newspaper/print ads, school website, school Facebook and other promotional materials. Permission is also hereby granted for the school to copyright such materials in its name. Personal information, such as name, address, age, etc. will not be released. I understand that no monetary compensation will be provided for the use of these photos/images/videos.

Please check one:	Yes, I give permission	No, I do not give permission
Parent/Guardian Signature:		Date:

Release of Liability

I give permission for my child(ren)

to participate in the Dorchester Academy Summer Camp Program knowing that my child will be supervised and all precautions will be taken to assure the safety of my children. I will not hold the school or its employees accountable for any accidents that may occur. I also give my permission for medical treatment to be administered should it become necessary for the welfare of my child and I cannot be reached by phone as listed on the summer camp registration form.

I understand that there is a non-refundable \$50 activities fee per child that will be charged through your child's FACTS account.

Children's lunch and snack fees can be paid with cash or check; however, it needs to be *paid separately from the daily/weekly camp fee*. Please plan ahead for your children's meals during the week because there will be NO CHARGING for lunch or snacks.

Dorchester Academy has the right to refuse to "serve" children who are unruly and cannot correct their behavior OR who break serious rules involving safety, bullying, or vandalism.

Parent/Guardian Signature:	Date:	

Limited Power of Attorney (LPOA)

If a serious emergency arises, it may be necessary for a physician to attend to your child before the staff could reach you or your physician. Such care can be provided only if you sign the following AUTHORIZATION FOR MEDICAL TREATMENT.

I give the employee or administrator in charge of my child limited power of attorney to act in my absence and see that my child(ren): ______,

receives whatever medical treatment necessary in case of sickness or accident.

Medical Information

Parent/Guardian's Signature	Date:
I give permission for a LPOA	_I do not give permission for a LPOA
Medical Conditions:	
Any medication he/she is presently taking:	
Child's Name:	