



2023 Young Explorers Summer Program

Students ages 3 - 8 years
7009 Varnum Street, Hyattsville, MD 20784
www.newhopeacademy.org
(301) 459-7311 Fax (301) 459-2813



- Program Runs 8:15 a.m. – 3:30 p.m.
- Extended Care until 6:00pm available , see separate fee sheet
- Field trips, In-house programs and Water Activities to be determined based upon MD Health Dept. regulations.

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

Child's Name: _____ Age (as of 6/20/23): _____ Birthdate _____

If your child was not enrolled in New Hope Academy during the 2022-23 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 _____

Person 2 responsible for payment _____
Name _____

Home Phone: (____) _____ Work Phone(s): (P1)(____) _____ (P2)(____) _____

Cell Phone(s): (P1)(____) _____ (P2)(____) _____ E-Mail _____

SUMMER PROGRAM FEE: \$335.00/week, AFTER-CARE (3:30 – 6:00pm): \$15.00/day, before Care may be available depend on interest.

12-MONTHS PAYMENT OPTION: If you enroll for 6-8 weeks of the summer program and are also registered for the 2023-2024 school year, we can set up a 12-month payment schedule through FACTS that includes the summer program 2023 as well as the 2023-24 academic school year. Please indicate below:

- 12-Month Payment Option:** You must enroll in the summer program by **May 2nd** in order to choose this option. You must be enrolled for the 2023-24 school year (registration rules apply). The enrollment fee & first summer payment is due on June 1, 2023.
- Biweekly Payment Option:** A \$90.00 Deposit per week is due to hold your child's place. If your child does not attend a scheduled week, your deposit for that week will be forfeited.

Total Weeks: ___ x \$90.00 = \$ _____ deposit by Check, cash or money order, payable to New Hope Academy

Payment of the remaining balance is due biweekly at the start of every other week – see due dates below.

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"/> Week 1: Jun. 20* – 23
(biweekly balance due 6/20/23) | <input type="checkbox"/> Week 3: Jul. 3* – 7
(biweekly balance due 7/3/23) | <input type="checkbox"/> Week 5: Jul. 17 – 21
(biweekly balance due 7/17/23) | <input type="checkbox"/> Week 7: Jul. 31 – Aug 4
(biweekly balance due 7/31/23) |
| <input type="checkbox"/> Week 2: Jun. 26 – 30 | <input type="checkbox"/> Week 4: Jul. 10 – 14 | <input type="checkbox"/> Week 6: Jul. 24 – 28 | <input type="checkbox"/> Week 8: Aug. 7 – 11 |

*Closed June 19th for Juneteenth Holiday
* Closed July 4th for Independence Day

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.

- 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