

# Summer 2010 Program Application

Student's Last Name: \_\_\_\_\_

Given name(s): \_\_\_\_\_

Male /Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

Child lives with: Both parents \_\_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_

## PARENTS

Mother's Name \_\_\_\_\_

Mother's Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Phone Number \_\_\_\_\_

## In case of emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## General Information About Your Child

1. Is your child presently toilet-trained?

Partially \_\_\_\_\_ Fully trained \_\_\_\_\_

2. Does your child suffer from any allergies? Please specify.

\_\_\_\_\_

3. Does your child use an Epipen?

\_\_\_\_\_

The school requires that the parent keep 2 Epipens at the school at all times.

4. Is your child on any special medication?

\_\_\_\_\_

5. If so, for what condition?

\_\_\_\_\_

6. Previous medical conditions and/or communicable diseases (i.e. chicken pox)

\_\_\_\_\_

7. Other conditions or symptoms that we should know about:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Have there been any unusual occurrences in your child's life (death in the family, extended hospitalization, moving, divorce) that would affect her/his performance at school?

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9. Please list some of your child's special interests

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10. Please add any more comments that you feel may add to our understanding of your child:

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I/We will submit all fees as specified under the terms of payment, following acceptance of my/our child in the summer program.

Parent/Guardian's signature

Date \_\_\_\_\_

Payment must accompany the registration form prior to the start of the program.

If your child misses days there are no refunds.  
Child must bring a bag lunch. Milk, water, snacks will be provided.

Please send sun screen.

Mosquito repellent must be applied at home.

Make sure they are products your child has used before in case of allergic reactions.

Please place a check mark on the line next to the program you are interested in. Indicate morning or full day program.

Please include a \$25.00 supply fee for the summer program.

**June 14-18 Green Thumbs in the Garden**  
\_\_2 1/2 \_\_2 full days \_\_3 1/2\_\_3 full\_\_4 1/2\_\_4 full \_\_5 1/2\_\_5 full

**June 21-June 25 Kitchen Delight**  
\_\_2 1/2 \_\_2 full days \_\_3 1/2\_\_3 full\_\_4 1/2\_\_4 full \_\_5 1/2\_\_5 full

**June 28 - July 2 Science Wizards**  
\_\_2 1/2 \_\_2 full days \_\_3 1/2\_\_3 full\_\_4 1/2\_\_4 full \_\_5 1/2\_\_5 full

**July 5-9 No Camp**  
\_\_2 1/2 \_\_2 full days \_\_3 1/2\_\_3 full\_\_4 1/2\_\_4 full \_\_5 1/2\_\_5 full

**July 12-16 Sports Unlimited**  
\_\_2 1/2 \_\_2 full days \_\_3 1/2\_\_3 full\_\_4 1/2\_\_4 full \_\_5 1/2\_\_5 full

**July 19-23 Oceanic Voyage**  
\_\_2 1/2 \_\_2 full days \_\_3 1/2\_\_3 full\_\_4 1/2\_\_4 full \_\_5 1/2\_\_5 full

**July 26-30 I Got the Music in Me**  
\_\_2 1/2 \_\_2 full days \_\_3 1/2\_\_3 full\_\_4 1/2\_\_4 full \_\_5 1/2\_\_5 full

**Aug. 2-6 What's in the Rainforest?**  
\_\_2 1/2 \_\_2 full days \_\_3 1/2\_\_3 full\_\_4 1/2\_\_4 full \_\_5 1/2\_\_5 full

**Aug. 9-13 Creative Painting**  
\_\_2 1/2 \_\_2 full days \_\_3 1/2\_\_3 full\_\_4 1/2\_\_4 full \_\_5 1/2\_\_5 full

**Aug. 16-20 From the Garden to the Table**  
\_\_2 1/2 \_\_2 full days \_\_3 1/2\_\_3 full\_\_4 1/2\_\_4 full \_\_5 1/2\_\_5 full

**Aug. 23-27 Best of Summer 2010**  
\_\_2 1/2 \_\_2 full days \_\_3 1/2\_\_3 full\_\_4 1/2\_\_4 full \_\_5 1/2\_\_5 full

Two half days 55.00  
Three half days 80.00  
Four half days 100.00  
Five half days 110.00

Two full days 75.00  
Three full days 105.00  
Four full days 128.00  
Five full days 140.00

Morning and afternoon care 5.00 per hour.

10 % discount for siblings.

Morning camp hours 8:30 – 12:30 Full days hours 8:30 – 3:15

Before Camp care 7:30-8:30, After camp care 3:15 - 4:30.