



A Child's Garden Summer in the Garden 2019

\$75 Non-refundable Registration Fee due by 5:30 pm on March 22, 2019

Application Fee _____	Office use only Date Received _____
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Start Date: June 3, 2019

End Date: July 19, 2018

Child's Name _____ Prefers to be called _____

Child's current teacher/classroom: _____

Child's Birth Date _____ Child's Age _____ Sex _____

Address _____ City _____ State _____ Zip _____

Name/Email 1 _____

Name/Email 2 _____

Name/Phone# _____

Name/Phone# _____

Siblings (ages) _____

Schedule: 7 Week Program: June 3-July 19 (July 4 Holiday-CLOSED) Infants – Pre-k:
Please indicate below if you are continuing your current 2018-19 schedule or decreasing your schedule for summer.

5 Day _____ 3 Day M, W, F _____ 2 Day T, Th _____

9:00-1:00 _____ 9:00-3:00 _____ 7:30-5:30 _____

*If you are interested in selecting an **increased** summer schedule, please select below.*

5 Day _____ 3 Day M, W, F _____ 2 Day T, Th _____

9:00-1:00 _____ 9:00-3:00 _____ 7:30-5:30 _____

If the increased schedule is available by *May, 15*; the office will contact your family.

Interim care available for an extra charge July 22-26

Parent/Guardian _____ Occupation _____

Place of Employment _____ Business Phone _____

Business Address _____

Parent/Guardian _____ Occupation _____

Place of Employment _____ Business Phone _____

Business Address _____

Person(s) Responsible for Tuition:

Name _____

Relationship _____

Address _____ City _____ State _____ Zip _____

Email _____

Phone# _____

My child can be released to (Name & Phone #):

_____ Ph# _____

_____ Ph# _____

_____ Ph# _____

_____ Ph# _____

I give permission for emergency medical transportation and treatment:

Signature: _____

Preferred Medical Facility _____

Physician _____ Phone # _____

Dentist _____ Phone # _____

Allergies _____

Medical or other conditions of which the school should be aware _____

Medication _____

Emergency Contacts (other than parents/guardians who live locally):

1st Contact: Name _____

Phone # _____ Cell # _____

2nd Contact: Name _____

Phone # _____ Cell # _____

I _____ verify that all above information is correct and will notify the office promptly if it changes.

Signature Date