

## The Garland School Summer Program

**Family Name:**

**Number:**

**Child's Name:**

**Age:**

☐

**Half day (8:30-12:30): 190. Per week**

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**Full Day (8:30-3:30): 295. Per week**

**We serve a local and/or organic homemade lunch and two snacks daily.**

<b>June 24-28</b>	<b>July 1- 5</b>	<b>July 8- 12</b>	<b>July 15-19</b>	<b>July 22-26</b>	<b>July/Aug. 29-2</b>	<b>Aug. 5-9</b>	<b>Aug. 12-16</b>

**I am interested in enrolling \_\_\_\_\_ in the following sessions. I will pay the tuition before each session and have enclosed a non-refundable \$200. deposit to hold my child's place, which will be deducted from our summer care costs.**

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**Parent Signature**

**Date**

# THE GARLAND SCHOOL SUMMER PROGRAM ENROLLMENT FORM



## CHILD INFORMATION

Date \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Full Name: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Work Site Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Parent/Guardian Full Name: \_\_\_\_\_ Employer \_\_\_\_\_

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

Work Site Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

## EMERGENCY CONTACTS

If neither parent can be reached in case of an emergency, call:

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

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

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

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

Name of Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

## ADDITIONAL INFORMATION ABOUT YOUR CHILD

If your child has any allergies, takes medication or has special dietary requirements, or other identified needs, please describe (use additional sheets if necessary): \_\_\_\_\_

## PERMISSION & UNDERSTANDING STATEMENTS

(Initial Below)

\_\_\_\_\_ I understand every effort will be made to contact me in case of emergency. I hereby authorize the Garland School to obtain emergency medical care for \_\_\_\_\_ (Name of child).

\_\_\_\_\_ I authorize my child (\_\_\_\_\_) to participate in wading pool activities.

\_\_\_\_\_ I hereby authorize transportation to be provided. I acknowledge that the Garland School has provided me with a general description detailing types, frequency and sample destinations when children may be transported.

\_\_\_\_\_ I acknowledge that the following have been explained:

- Daily schedule
- Walking trips, if any (Only on our school campus)
- Substitute caregiver(s)
- Typical activities (indoor and outdoor)
- Car trips, if any (none- emergency transport only)

\_\_\_\_\_ I authorize TGS to use pictures of my child on their materials.

Please provide any other information about your child, which would be helpful, such as play habits, sleeping habits, fears, likes, dislikes, etc.

\_\_\_\_\_

\_\_\_\_\_

The following persons are authorized to pick up my child:

1. \_\_\_\_\_ Daytime phone # \_\_\_\_\_
2. \_\_\_\_\_ Daytime phone # \_\_\_\_\_

Please attach to this form either:

- 1) Evidence of immunization appropriate to your child's age, OR
- 2) An immunization exemption form due to medical, religious or moral beliefs.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

## THE GARLAND SCHOOL TOPICAL LOTION/MEDICATION PERMISSION FORM

I hereby give the Garland School permission to use the following on my child, \_\_\_\_\_, when appropriate.

\_\_\_\_ Sunscreen

\_\_\_\_ Insect Repellent

\_\_\_\_ Diaper Cream

\_\_\_\_ First Aid cream/lotion/spray

\_\_\_\_ Sunburn relief spray/lotion/gel

\_\_\_\_ Face Balm

\_\_\_\_ Wound Care

\_\_\_\_ Arnica lotion

\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_



\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

## GARLAND SUMMER SCHOOL PROGRAM CALENDAR 2019

### DATES OF STARTING WEEKS:

JUNE 24

JULY 1

JULY 8

JULY 15

JULY 22

JULY 29

AUGUST 5

AUGUST 12



### SIMPLE DAILY RHYTHM

8:30 DROP OFF

9:00 CIRCLE, SINGING

9:30 SNACK/BREAKFAST

10: 00 DAILY FOCUS (CAN INCLUDE HIKE, NATURE EXPLORING, GARDENING, BUILDING, WATER PLAY, PAINTING, CRAFT, FORTS, GNOME HOUSES, ETC.)

11:30 LUNCH

12:30 PICK UP/ REST/NAP

2:30 FREE PLAY

3:30 AFTERNOON PICK UP