

The Garland School Summer Program

Family Name:
Number:
 Child's Name:
 Age:



- Half day (8:30-12:30): 160. Per week**
- Full Day (8:30-3:30): 245. Per week**

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

June 20-24	June/July 27- 1	July 4- 8	July 11-15	July 18-22	July 25-29	Aug. 1-5	Aug. 8-12

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.

Parent Signature

date

GARLAND SUMMER SCHOOL PROGRAM CALENDAR 2015

Dates of starting weeks:

June 20

June 27

July 4

July 11

July 18

July 25

August 1

August 8



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 pick up

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 incase 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 authorize my child (_____) to participate in swimming 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
- Substitute caregiver(s)
- Typical activities (indoor and outdoor)
- Car trips, if any

____ 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)