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

I an 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:**

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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   |                  |  |
| <b>EMERGENCY CONTACTS</b><br>If neither parent can be reached in case of an emergency, ca |                  |  |
| Name:   | Phone:           |  |
| Address:  | Relationship:    |  |
| Name:   | Phone:           |  |
| Address:  | Relationship:    |  |
| Name of Child's Doctor:   | Phone:<br>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)

- Substitute caregiver(s)
- Typical activities (indoor and outdoor)
- Car trips, if any

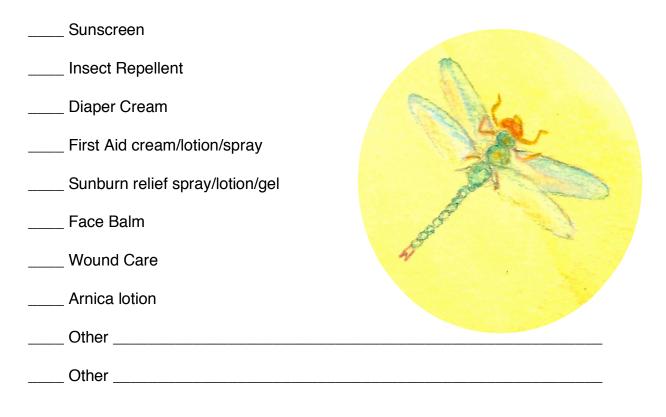
I authorize TGS to use pictures of my child on their materials.

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

| 1.                                   | uthorized to pick up my child:<br>Daytime phone #         |
|--------------------------------------|---|
| 2.                                   | Daytime phone #   |
| Please attach to this form eit       | ther  |
|                                      |   |
| 1) Evidence of immunization          | n appropriate to your child's age, OR                     |
|                                      |   |
|                                      | ion form due to medical, religious or moral beliefs.      |
|                                      |   |
| 2) An immunization exempt            | tion form due to medical, religious or moral beliefsDate: |
| 2) An immunization exempt<br>Signed: | tion form due to medical, religious or moral beliefsDate: |

## THE GARLAND SCHOOL TOPICAL LOTION/MEDICATION PERMISSION FORM

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



(Parent/Guardian Signature)

(Date)