

To be completed by CGDS office staff

Date Application Received: _____

Hours Enrolled: _____

Method: Cash Check (# _____)

Date Registration Fee Received: _____

Monthly tuition: _____

Money Order Visa/MC/AmEx

Paid in Full

Days enrolled: _____

Amount Paid: _____

Taken By: _____

The Children's Garden Day School

Summer Camp Enrollment Application

_____ **M** ___ **F** ___ _____
Child's Last Name First Name (Nickname) Circle One Birth Date

_____ **M** ___ **F** ___ _____
Child's Last Name First Name (Nickname) Circle One Birth Date

_____ **M** ___ **F** ___ _____
Child's Last Name First Name (Nickname) Circle One Birth Date

_____ _____ _____ _____ _____
Home Address City State Zip Phone Number

_____ _____
E-Mail Address

_____ _____ _____
Mother/Legal Guardian's Name Occupation Employer/Address

_____ _____ _____
Home Telephone Number Work Telephone Number Cell Phone Number

_____ _____ _____ _____ _____
Address City State Zip Phone Number

_____ _____ _____
Birth Date SS# DL# State

_____ _____ _____
Father/Legal Guardian's Name Occupation Employer/Address

_____ _____ _____
Home Telephone Number Work Telephone Number Cell Phone Number

_____ _____ _____ _____ _____
Address City State Zip Phone Number

_____ _____ _____
Birth Date SS# DL# State

Is there a court ordered custody document on file? _____ (If yes, a copy must be provided to us)

List Names and Ages of Other Children in the Family:

Has your child been to summer camp previously? _____ If yes, where?

How did you learn about The Children's Garden Day School? _____

Whom may we thank? _____

Person(s) authorized to pick up my child, besides parents/guardians or emergency contacts:
(With prior notice from parent/guardian and proper ID only)

| Name | Address | Telephone Numbers | Relation to child |
|------|---------|-------------------|-------------------|
| | | | |
| | | | |
| | | | |

List any person who may NOT take your child from the school.

| Name of Emergency Contacts (other than parent) | Address | Telephone Numbers | Relation to child |
|--|---------|-------------------|-------------------|
| | | | |
| | | | |

Name of Child's Physician Telephone Number _____

Does your child have special health needs (allergies, asthma, etc.) that we should be aware of? Please request a special care plan so that we can best accommodate your child's needs.

Is your child currently taking any medications? If yes, please list medications and possible side-effects below:

I give my child, identified above, permission to participate in all activities and events offered at the Children's Garden Day School Summer Camp including but not limited to pony rides, water slides, inflatables, animal/reptile show participation, water play, sports and games, and any and all other activities provided at the summer camp.

_____ (initial here if permission is allowed)

I am aware of the inherent dangers and risks involved in summer camps, swimming and other physical activities including: bodily injury to the eyes, nose, head neck or back; sprains, fractures, breaks or dislocations of the joints or limbs; lacerations or concussions.

_____ (initial here)

I understand that Children's Garden Day School L.L.C. does not provide any accident or medical insurance for my child. I understand that I am required to provide accident/medical insurance for my child and do so under the policy provisions listed below. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program. NOTE: Your child will not be allowed to participate in our camp(s) unless your medical insurance provider and policy number are provided below:

Insurance Co.: _____
Name of Policy Holder: _____
Policy/ID No.: _____
Insurance Co. Phone: (_____) _____
Insurance Co. Address: _____

Medical Treatment Authorization

In the event of an injury or illness, I give permission to Children's Garden Day School L.L.C. to seek and authorize emergency medical or dental care for my child(ren) _____

_____ for treatment by a physician, dentist, nurse or licensed EMT and/or emergency room staff at the local hospital or onsite. I understand that I will be responsible for all medical & dental bills ensuing from any such emergency.

I agree, on behalf of myself, my child, and our assigns, executors, and heirs, to indemnify, and hold harmless, Children's Garden Day School L.L.C., Joanne Seefelt Elliott and its owners, trustees, officers, agents and employees from any and all liability, damage and claims of any nature arising out of or in any way related to my child's participation in this summer camp except those things caused by the sole negligence of Children's Garden Day School L.L.C.

I understand that the Children's Garden Day School L.L.C. is not responsible for personal property damaged, lost, or stolen while members and/or program participants are using the Children's Garden Day School facilities or on the premises.

Parent: _____ Date: _____

Parent: _____ Date: _____

Witness: _____ Date: _____

I give my perpetual permission to Children's Garden Day School to use, without limitation or obligation, photographs, film footage, or tape footage which may include my child's image or voice for purposes of promoting or interpreting to the Children's Garden Day School summer camp.

Parent: _____ Date: _____

Parent: _____ Date: _____

Witness: _____ Date: _____

Weekly Rates

Ages 5 to 12

Full Day 9-4 \$199

Pre-care 7-9 \$35

After-care 4-6 \$35

Pre and after-care \$60