

Office Use	Date: _____
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2009 Summer Program
Application for Admission and Contract
 A Summer Program for Children with Previous Group Experience

To attend the 4 & 5 year old program, your child must be at least 4 by June 1, 2009 and have previous group experience, OR have attended the Aldrich 3 or 4 year old program in 2008-2009.

To attend the 3 year old program, your child must be 3 by June 1, 2009 and have previous group experience, OR have attended the Aldrich 2 year old program in 2008-2009.

To register, please complete the application and return it to the office with the one-time registration fee and the full tuition payment for each registered week.

If for some reason you need to disenroll, you must cancel by May 1st for a full refund minus the enrollment fee. After May 1st, parents must notify the office at least two weeks prior to their first scheduled day in order to receive a 50% refund minus the enrollment fee. Less than a two week notice will result in no refund given.

2009 Summer Program Fees

Registration Fee(s): \$5 per child or \$10 per family
4 & 5 year old Tuition: \$63 per week
3 year old Tuition: \$37 per week

2009 Summer Program
 (Check all boxes for which you are registering.)

4 & 5 Year Old
Monday -Friday
9-11:30 am

3 Year Old
Tuesday, Wednesday, Thursday
9-11:30 am

- June 1-5 Digging for Dinosaurs
- June 8-12 Fun on the Farm
- June 15-19 Adventures in Outer Space
- June 22-26 Under the Deep Blue Sea
- July 6-10 Rumble in the Jungle
- July 13-17 Outdoor Explorers

- June 2-4 Our Colorful World
- June 9-11 Snow Much Summer Fun
- June 16-18 Vroom, Beep: Things That Go
- June 23-25 Ocean Commotion

Child Information

Child's Name: _____
(First) (Middle Initial) (Last)

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Birth Date: ___/___/___ Sex: Male Female

Physician: _____ Phone: _____

Has your child had a previous group experience? Yes No
 Where? _____ How much time? _____

*** PLEASE COMPLETE BACK SIDE ***

Is your child potty trained (not required)? Yes No Comments: _____

Does your child have any special diet needs? _____

What language is spoken at home? _____

Has your child been stung by a bee? Yes No
More than once? Yes No Any Reaction? _____

Does your child have any allergies? _____

Any medications given regularly? _____

Significant medical history? _____

Is there anything else you feel we should know about your child? _____

Parent/Guardian Information

Name (Parent/Guardian 1): _____
(First) (Middle Initial) (Last)

Address: _____

Employer: _____ Work phone: _____ Cell Phone: _____

Name (Parent/Guardian 2): _____
(First) (Middle Initial) (Last)

Address: _____

Employer: _____ Work phone: _____ Cell Phone: _____

Our child may be included in any pictures taken which may be used to interpret the nursery school program through the press or other publications. Any such photography will be done under the supervision of the school staff.

Signature: _____ Date: _____

Emergency Contact

Please list the name, address and phone number of a person who can assume responsibility for your child if you cannot be reached.

Name: _____ Phone: _____

Address: _____

In an emergency your child will be taken to St. Mary's Hospital. For detailed information on our health, safety and medical procedures and guidelines ask to see the written plans in the office.

We give permission to Aldrich Memorial Nursery School to act in an emergency situation when I cannot be reached or there will be a delay in my arrival.

Signature: _____ Date: _____