



PRESCHOOL SUMMER PROGRAM
REGISTRATION 2017

Ages 3-4
114 Palisado Ave
Windsor, Ct 06095

***PAYMENT FOR 1ST WEEK OF CAMP, CHILD'S PHYSICAL (if not already on file) AND A \$25.00 REGISTRATION FEE FOR ALL NEW FAMILIES IS DUE UPON ENROLLMENT ***

\$9.50 per hour or part thereof charged for additional drop-off or pickup.

Fees: Please check off the program time you would like.

- Half Day Preschool 8:30 a.m.-12:00 p.m. \$145.00 per week
- Full Day 6:45 a.m. - 5:30 p.m. \$270.00 per week

Camper's Name: _____ D.O.B.: _____

Address: _____ Home Phone: _____

Please list in what order we should contact you in the case of an emergency.

Parent/Guardian Name: _____ Relationship: _____

Work #: _____

Cell #: _____

Email: _____

Parent/Guardian Name: _____ Relationship: _____

Work #: _____

Cell #: _____

Email: _____

Medical Information: (i.e. allergy, medication, etc.) _____

Please check week(s): Note: Camp is closed on Tuesday, July 4th.

****YOU ARE OBLIGATED TO PAY FOR THE WEEKS THAT YOU HAVE CHECKED****

- 6/19 - 6/23 6/26 - 6/30 7/3 - 7/7 7/10 - 7/14
- 7/17 - 7/21 7/24 - 7/29 7/31 - 8/4 8/7 - 8/11
- 8/14 - 8/18 8/21-8/25 ONLY CHILDREN ENROLLED 2017/2018 SCHOOL YEAR

Parent's signature

Date

Office Verification

Date



EMERGENCY CONTACT INFORMATION

I hereby give permission for the following person(s) to be contacted in the case of an emergency (when the parent/guardian is unable to be reached) and pick up my child from the Windsor Discovery Center.

Name	Address	Telephone
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Name	Address	Telephone
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PARENT/FAMILY AGREEMENT & PERMISSION

- I hereby acknowledge that I am responsible for payment for the weeks and fees indicated on the front of this form. Payment is due on the first day of each camp week. I understand that if payment is not received by that date, my child will not be able to attend until payment is received in full with a \$10 late fee added per week. A finance charge of 10% per month will be assessed on any unpaid balance.

- I hereby give permission for my child to receive transportation & emergency treatment at the closest hospital

- I hereby give permission for my child to receive first aid treatment for minor injuries from Windsor Discovery Center staff. Written permission is required for the application of any topical ointments and all prescription medications.

- I hereby consent that the Town of Windsor or any person authorized by the Town may use photographic, social media, videotape images and/or voice recordings in which my child may be included in whole or in part for any purpose they find appropriate such a promotional marketing material and post's on social media (Facebook, Twitter, Instagram, and YouTube).

- I hereby give permission for my child to participate in field trips, on foot or in an authorized vehicle as scheduled and posted by Windsor Discovery Center.

- The schools behavior plan has been discussed with me upon registration. I've had an opportunity to ask any related questions. I understand the school uses a positive discipline approached and redirection. If my child's behavior requires additional support I will be involved in the process of creating an individualized behavior plan for my child.

Parent's Signature

Date