

Child Name _____

2018 Toddler Summer Program Registration Parent/Family Agreement

The following weeks and schedules are available. Please register for the session(s) you will need to use the summer program. You are obligated to pay for all sessions you have checked on the Monday of that particular week.

AVAILABLE SESSIONS 8:30 am – 12:00 pm **\$330.00**

Session 1 June 18th – 29th **THEME Science Magic**

Session 2 July 2nd – 13th **THEME When I Grow Up**

Session 3 July 16th – 27th **THEME Construction**

Session 4 July 30th – August 10th **THEME A Trip Around the World**

The themes will be introduced to the children through crafts, songs, stories, foods, and materials. We will also spend time outside in the garden, on the playground and under the sprinkler.

FORMS NECESSARY FOR SUMMER REGISTRATION:

- ✓ Enrollment Form - for all new and returning summer families.
- ✓ Enrollment Confirmation Form - for all currently enrolled families.
- ✓ Physical Form – to be completed within one year of registration.
- ✓ Non-prescription Topical Medication Form (sun screen & bug spray).
- ✓ Authorization of Prescription Medication Form (if applicable).
- ✓ Summer Program Parent/Family Financial Agreement Form.
- ✓ Summer Program Parent/Family Permission Form.

Parent / Legal Guardian's Signature: _____ **Date** _____

Office Signature: _____ **Date** _____

**A SIGNED COPY OF THIS FORM BECOMES VERIFICATION OF YOUR SUMMER REGISTRATION.*

**ALL ADDITIONAL FORMS LISTED ABOVE MUST BE COMPLETE PRIOR TO THE FIRST DAY OF SUMMER PROGRAMMING.*

Summer Program Parent/Family Financial Agreement

I request to enroll my child _____ in the summer program for a weekly tuition of \$ _____. Payment is due on the Monday of each week that I have registered for during the summer program.

Please Initial Each Line

- I understand that fees for *Windsor Discovery Center & Windsor Montessori School* are payable weekly every Monday. Failure to make payment by the Wednesday will result in \$10 late payment fee.
- I understand any check returned from the bank will incur a \$25.00 return check fee.
- I understand that I am responsible for tuition payment regardless of my child's absence from the program.
- I understand that my deposit/registration and field trip fees are non-refundable and non-transferrable for any reason.
- I understand I am responsible to pay for all the weeks I have registered for.
- In the event that payment is not made and the Town of Windsor must resort to collection, I agree to pay reasonable attorney's fee incurred by the Town to enforce this agreement.

*******Kindergarten-5th Grade Only*******

- I agree to pay for all field trips in the amount of \$12.00 per week. My field trip fee is \$12.00 X _____ = _____ to be paid in full upon enrollment so my child's space can be confirmed for each field trip. ***This may be paid in cash or a check, separate from the tuition.***

Signature of Parent/Guardian: _____ Date: _____

Summer Program Parent/Family Permission

I _____, grant the following permission's for my child _____.

Please read and initial each line.

_____ FIELD TRIP PERMISSION: To participate in field trips, on foot or in an authorized vehicle, as scheduled and posted by Windsor Discovery Center.

_____ INTERNAL RELEASE OF INFORMATION: I hereby give permission for my child's name, address, and telephone number to be included in the classroom list distributed to other Windsor Discovery Center parents.

_____ PHOTO PERMISSION: I hereby consent that Windsor Montessori School and Discovery Center and the Town of Windsor or any person authorized by the Town may use photographic, social media, videotape images and/or voice recordings, and classroom work in which my child may be included in whole or in part for any purpose they find appropriate such as promotional marketing material and post's on social media sites like Facebook, Twitter, Instagram, and YouTube.

_____ MEDICAL/FIRST AID TREATMENT: 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. (See list of forms required for summer program.)

_____ BEHAVIOR PLAN/CHILD DISCIPLINE POLICY: 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 approach 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.

_____ SWIM PERMISSION: My child has permission to participate in wading/swimming activities in a Town of Windsor Pool.

*******Kindergarten-5th Grade Only*******

- | | | |
|---|-----------------|----|
| <input type="checkbox"/> Can your Child Swim? | YES | NO |
| | <i>Initials</i> | |
| <input type="checkbox"/> If No you agree to provide a US Coast Guard Approved Flotation Device. | _____ | |
| <input type="checkbox"/> I give my child permission to go off the diving board. | _____ | |

Parent's Signature: _____ Date: _____

FAMILY ENROLLMENT FORM

Emergency Contact _____			Emergency Contact _____		
RELATIONSHIP TO CHILD			RELATIONSHIP TO CHILD		
Last Name	First Name	MI	Last Name	First Name	MI
Street Address			Street Address		
City	State	ZIP Code	City	State	ZIP Code
Home Phone	Cell Phone		Home Phone	Cell Phone	
Employer Name & Address			Employer Name & Address		
Work Phone / Ext.			Work Phone / Ext.		
Email Address			Email Address		

CHILD INFORMATION

Last Name	First Name	MI	Dentist	Phone
Date of Birth	Sex	Ethnicity	Doctor	Phone
Insurance Provider	Policy Number		Most Recent Physical	
Known Allergies				
Potty Trained Since			Prior Montessori Experience	

WINDSOR DISCOVERY CENTER / WINDSOR MONTESSORI SCHOOL
 TELEPHONE: 860.285.1400 FAX 860.285.1440
www.windsormontessorict.com



EMERGENCY CONTACT INFORMATION

Emergency Contact _____			Emergency Contact _____		
RELATIONSHIP TO CHILD			RELATIONSHIP TO CHILD		
Last Name	First Name	MI	Last Name	First Name	MI
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Home Phone	Cell Phone		Home Phone	Cell Phone	
Employer Name & Address			Employer Name & Address		
Work Phone / Ext.			Work Phone / Ext.		
Emergency Contact: <input type="checkbox"/>			Emergency Contact: <input type="checkbox"/>		
Ok to Pick Up Child: <input type="checkbox"/>			Ok to Pick Up Child: <input type="checkbox"/>		

Emergency Care Authorization

I certify that I am the parent or legal guardian of the child or children named above and give consent for emergency medical care, surgical treatment, and/or transportation to a care facility should my child's condition require it in my absence. I understand that, time and conditions permitting, reasonable attempts will first be made to contact me and any designated representatives in such a case. I hereby assume all financial responsibility for such actions taken on the behalf of my child.

Parent / Legal Guardian's Signature: _____ Date: _____

OFFICE USE ONLY				
Wait List:	Program:	Teacher:	Summer Program:	Start Date:
Family Agreement Signed:	Family Permission Signed:	Physical Date:		
Enrolled in CCM by:	Door Code (s):	Registration fee:	Deposit:	Tuition: