

**2019 Toddler Summer Program Registration
Parent/Family Agreement**

The following weeks and schedules are for our Toddler Summer Program. 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 according to the option chosen on the financial agreement form. There is an additional \$25.00 registration fee. **See our Summer Program Parent/Family Financial Agreement for this year's big changes!**

AVAILABLE SESSIONS

8:30 am – 12:00 pm **\$350.00**

- Session 1** June 24th – July 5th **THEME Art (CLOSED 7/5/19)**
- Session 2** July 8th – 19th **THEME Transportation**
- Session 3** July 22nd – August 2nd **THEME Zoo Animals**
- Session 4** August 5th– 16th **THEME Nature and Camping**

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.
- 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 \$_____. In addition to the \$25.00 registration fee, payment is due in accordance with my chosen payment option.

- OPTION 1:** Payment in full upon registration on or before **March 1, 2019**
- OPTION 2:** Half of payment upon registration on or before **March 1, 2019**, with the remainder paid by **May 1, 2019**

Please Initial Each Line

- I understand that fees for *Windsor Discovery Center & Windsor Montessori School* are due in accordance with my chosen payment option. Failure to make at least half of my payment by Failure to make full payment by May 1st will forfeit my 2019 reservation.
- 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 tuition and registration fees are non-refundable and non-transferrable after **May 24, 2019** for any reason. Prior to **May 24, 2019** refunds will be given upon receiving a written request.
- 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.

Signature of Parent/Guardian: _____ Date: _____

Please Make Checks Payable to Windsor Discovery Center

Toddler Summer Program Parent/Family Permission

I _____, grant the following permissions 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 group list distributed to other Windsor Discovery Center parents.

_____ PHOTO PERMISSION: I hereby consent that Windsor 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 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: _____