

## 2019 Summer Program Registration

Our summer program schedule is finally here! Please register for the week(s) you will be using our 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. Space is limited!

**See our Summer Program Parent/Family Financial Agreement for this year's big changes!**

### **AVAILABLE WEEKS**

- |  |  |  |
|--|--|--|
| <input type="radio"/> June 24 <sup>th</sup> – 28 <sup>th</sup> | <input type="radio"/> July 1 <sup>st</sup> – 5 <sup>th</sup>     | <input type="radio"/> July 8 <sup>nd</sup> – 12 <sup>th</sup>        |
| <input type="radio"/> July 15 <sup>th</sup> – 19 <sup>th</sup> | <input type="radio"/> July 22 <sup>nd</sup> – 26 <sup>th</sup>   | <input type="radio"/> July 29 <sup>th</sup> – August 2 <sup>nd</sup> |
| <input type="radio"/> August 5 <sup>th</sup> – 9 <sup>th</sup> | <input type="radio"/> August 12 <sup>th</sup> – 16 <sup>th</sup> | <input type="radio"/> August 19 <sup>th</sup> – 23 <sup>rd</sup>     |

### **PROGRAMS Tuition Includes ALL Field Trip Fees**

- |   |   |  |
|---|---|--|
| ☞ Preschool                               | <input type="radio"/> 8:30 am – 12:00 pm <b>\$165</b> | <input type="radio"/> 6:45 am – 5:30 pm <b>\$290</b> |
| ☞ Kindergarten / 1 <sup>st</sup> Grade    | <input type="radio"/> 8:30 am – 4:30 pm <b>\$240</b>  | <input type="radio"/> 6:45 am – 5:30 pm <b>\$260</b> |
| ☞ 2 <sup>nd</sup> – 3 <sup>rd</sup> Grade | <input type="radio"/> 8:30 am – 4:30 pm <b>\$240</b>  | <input type="radio"/> 6:45 am – 5:30 pm <b>\$260</b> |
| ☞ 4 <sup>th</sup> – 5 <sup>th</sup> Grade | <input type="radio"/> 8:30 am – 4:30 pm <b>\$240</b>  | <input type="radio"/> 6:45 am – 5:30 pm <b>\$260</b> |

### **SUMMER REGISTRATION CHECKLIST:**

- 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.
- Payment according to your chosen Payment Option**
  - OPTION ONE Paid in Full upon registration**
  - OPTION TWO ½ due upon registration ½ due before May 1, 2019**

**My Child's T-Shirt Size is** \_\_\_\_\_

**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 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 group list distributed to other Windsor Discovery Center parents.

\_\_\_\_\_ PHOTO PERMISSION: I hereby consent that 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**\*\*\*\*\*

☞ Can your Child Swim?            YES    NO

**Initials**

☞ If No you agree to provide a US Coast Guard Approved Flotation Device.

\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 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. # of wks. \_\_\_\_\_ X Tuition \_\_\_\_\_ = Total Cost \_\_\_\_\_

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

#### Please Initial Each Line

- I understand that fees for *Windsor Discovery Center Summer Program* are due in accordance with my payment option. **Failure to make full payment by May 1<sup>st</sup> will forfeit my child's 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<sup>th</sup> for any reason. Refunds will be given upon receiving a written request prior to May 24<sup>th</sup> 2019.
- 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**

**SPACE is LIMITED to 20 Children per program.**

# 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](http://www.windsormontessorict.com)

Child Name \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Emergency Contact \_\_\_\_\_ RELATIONSHIP TO CHILD  
 Emergency Contact \_\_\_\_\_ 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:  Ok to Pick Up Child:  Emergency Contact:  Ok to Pick Up Child:

**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:**