

Cradles & Crayons' Summer Discovery Program for 3 to 7 year olds

341 Ossipee Trail Gorham, Maine 04038 207-839-2343

Application and Release Form July and August 2014

Child's Full Name _____

Does your child prefer to be to be called by another name? _____

Street _____ Apt# _____

Town _____ State _____ Zip _____

Home/cell Phone _____ Date Of Birth _____

Parent/Guardian #1

Parent/Guardian #2

Name _____

Name _____

Address _____

Address _____

Home Phone _____ Work _____

Home Phone _____ Work _____

Cell _____ Email _____

Cell _____ Email _____

I, _____, understand that I will be charged \$_____ per session for my child, _____, to attend the Cradles & Crayons Summer Discovery

Program checked below. I understand the **tuition policy** and agree that I am expected to pay the program tuition in full at the beginning of each session. I will pay my child's tuition regardless of personal absence days.

___ **Session one: July 9-18 Engaging Messy Art with ABC's and 123's!** Tues. Wed. Thurs. 9:00-1pm \$165.00

___ **Session two: August 6-15 Ice Cream and Authors- Summer Blast!** Tues. Wed. Thurs. 9:00-1pm \$165.00

___ **Both sessions: \$300.00 (\$30.00 discount with advance payment by July 9, 2013)**

Emergency Contact Persons:

Name _____ Phone _____ Relationship to Child _____

Name _____ Phone _____ Relationship to Child _____

Physician _____ Phone _____

Dentist _____ Phone _____

If your child has any allergies, special dietary or medical needs, please describe: _____

How did you hear about us? _____

I give consent for _____ to:

Child's Full Name

Take part in field trips under proper supervision. Yes ___ No ___

Take part in playing in wading pools under proper supervision. Yes ___ No ___

In the event that my child becomes ill or injured and I can not be contacted, I authorize Cradles & Crayons staff to transport my child and seek medical care. Yes ___ No ___

I give consent for pictures of my child to be used in promotional materials both in hardcopy and on the website for Cradles & Crayons Preschool (no names are ever used) Yes ___ No ___

The following people may pick up my child at school _____

Is there anyone forbidden access to this child? Yes ___ No ___
(if yes, please provide legal documentation)

Signatures (Both Parents/Guardians Must Sign)

Parent/Guardian #1

Print Name _____

Signature _____ Date _____

Parent/Guardian #2

Print Name _____

Signature _____ Date _____

FOR OFFICE USE ONLY Date Accepted _____ Deposit Paid _____ Check Number _____