

SUMMER @ PEOPLEPLACE

PO Box 644, Camden Maine 04843

(207) 236-4225

2010 3 TO 6'S REGISTRATION FORM

CHILD'S NAME: _____ BIRTH DATE: _____

MAILING ADDRESS: _____ TOWN _____

STREET ADDRESS: _____ TOWN _____

MOTHER'S NAME: _____ E-MAIL _____

MOTHER'S ADDRESS (IF DIFFERENT FROM ABOVE): _____

MOTHER'S PHONE: HOME _____ CELL _____ WORK _____

EMPLOYED BY (INCLUDE ADDRESS) _____

FATHER'S NAME: _____ E-MAIL _____

FATHER'S ADDRESS (IF DIFFERENT FROM ABOVE): _____

FATHER'S PHONE: HOME _____ CELL _____ WORK _____

EMPLOYED BY (INCLUDE ADDRESS) _____

NAMES OF PERSON PERMITTED TO REMOVE YOUR CHILD FROM CAMP: _____

(CAMP STAFF **MUST** BE NOTIFIED BY THE PARENT WHEN REGULAR TRANSPORTATION OR PICK-UP METHODS VARY.)

PLEASE CIRCLE THE WEEK(S) AND THE DAYS YOUR CHILD WILL ATTEND:

JUNE 21- JUNE 25

MON - THURS

MON & WEDS

TUES & THURS

ADD FRIDAY

JUNE 28 – JULY 2

MON - THURS

MON & WEDS

TUES & THURS

ADD FRIDAY

JULY 5 – JULY 9

MON - THURS

MON & WEDS

TUES & THURS

ADD FRIDAY

JULY 12 – JULY 16

MON - THURS

MON & WEDS

TUES & THURS

ADD FRIDAY

JULY 19 – JULY 23

MON - THURS

MON & WEDS

TUES & THURS

ADD FRIDAY

JULY 26 – JULY 30

MON - THURS

MON & WEDS

TUES & THURS

ADD FRIDAY

AUGUST 2 – AUGUST 6

MON - THURS

MON & WEDS

TUES & THURS

ADD FRIDAY

AUGUST 9 – AUGUST 13

MON - THURS

MON & WEDS

TUES & THURS

ADD FRIDAY

PLEASE CIRCLE PICK-UP TIME:

NOON

4PM

(OVER)

MEDICAL INFORMATION:

CHILD'S DOCTOR _____
DOCTOR'S ADDRESS & TELEPHONE _____
DATE OF LAST PHYSICAL _____

FAMILY DENTIST _____
DENTIST'S ADDRESS & TELEPHONE _____

HEALTH INSURANCE COMPANY _____ PHONE _____
POLICY NUMBER _____ GROUP NUMBER _____

SUMMER@PEOPLEPLACE PERSONNEL WILL ATTEMPT TO REACH YOU SHOULD YOUR CHILD REQUIRE MEDICAL ATTENTION. HOWEVER, IF WE ARE UNABLE TO DO SO, WE WILL TAKE STEPS TO MEET HEALTH OR MEDICAL EMERGENCIES IN CASES WHERE THERE IS A DELAY IN REACHING PARENTS OR THE FAMILY PHYSICIAN.

PEOPLEPLACE MUST BE PROVIDED A COPY OF YOUR CHILD'S CERTIFICATE OF IMMUNIZATION (OR A LETTER STATING THAT YOU DO NOT IMMUNIZE YOUR CHILD) AND A RECORD OF AN ANNUAL PHYSICAL.

ARE THERE ANY ALLERGIES, MEDICAL PROBLEMS OR SPECIAL NEEDS? IF SO, PLEASE PROVIDE US WITH INDIVIDUAL CARE PLANS.

TUITION AGREEMENT

I AGREE TO PAY SUMMER @ PEOPLEPLACE ALL CHARGES FOR SUMMER CAMP, INCLUDING A \$20 NON-REFUNDABLE REGISTRATION FEE. I UNDERSTAND THAT PAYMENT IS DUE PRIOR TO EACH CAMP WEEK. I MAY CANCEL A WEEK OF SUMMER CAMP WITHOUT CHARGE (EXCLUDING REGISTRATION FEE) WITH AT LEAST ONE WEEK'S NOTICE.

WITHDRAWAL POLICY

IT IS IMPORTANT THAT BOTH THE FAMILY AND CAMP STAFF FEEL CONFIDENT ABOUT THE PLACEMENT OF THE CHILD IN THE PROGRAM. IF EITHER THE FAMILY OR CAMP STAFF DETERMINE THAT THE PLACEMENT IS INAPPROPRIATE, EITHER PARTY CAN TERMINATE THE ENROLLMENT.

I HAVE READ AND AGREE TO THE ABOVE INFORMATION.

SIGNED _____ DATE _____

SIGNED _____ DATE _____