



2017 A.M.N.S SUMMER PROGRAM ENROLLMENT FORM



A Summer Program for Children with Previous Group Experience

To attend the **3 year old program**, your child must have attended the Aldrich 2 year old program **OR** be **3 by June 1, 2017** and have previous group experience.

To attend the **4 & 5 year old program**, your child must have attended the Aldrich 3 or 4 year old program and turned 3 by September 1, 2016 **OR** be **4 by June 1, 2017** and have previous group experience.

To enroll, please complete the enrollment form and return it to the office with the full tuition payment for each registered week. If for some reason you need to disenroll, you must cancel by Friday, April 21st. After April 21st parents must notify the office at least two weeks prior to their first scheduled day in order to receive a 50% refund. **Refunds cannot be given with less than a two week notice.**

* 2017 SUMMER PROGRAM THEMES *

WEEK 1	ART EXPLOSIONS: Explore the world of Art: paintings, sculptures, movement/dance, and creative crafts. Create unique masterpieces to share & display!
WEEK 2	DOWN ON THE FARM: Begin summer with a cluck, a moo, and a meow, too! Have fun learning about different farm animals and activities!
WEEK 3	OUR GREAT GALAXY: Through activities, crafts, stories and games, the children will explore & learn about outer-space, astronauts, planets, and stars. Come join the fun!
WEEK 4	BACKYARD BUGS & EXPLORATION: Learn about all sorts of bugs, butterflies, and more! Joins us for exploring the fun things you can find right in your backyard!
WEEK 5	MUSIC MERRIMENT: Children will expand their musical horizons and abilities in this interactive class filled with singing, playing, moving, listening and dancing.
WEEK 6	OCEAN COMMOTION: Be ready to dive into some fun learning about the mysteries & marvels of our amazing oceans. During your discoveries, you might even see some pirates & mermaids!

* 2017 SUMMER PROGRAM TUITION FEES, DATES, and TIMES *

* Check all boxes that you are registering for *

3 YEAR OLD PROGRAMS =
\$50/week per child
Tues - Thurs from 9 – 11:30 a.m.

4 & 5 YEAR OLD PROGRAMS =
\$75/week per child
Mon - Fri from 9 – 11:30 a.m.

WEEK 1: June 6 - 8	
WEEK 2: June 13 - 15	
WEEK 3: June 20 - 22	
WEEK 4: June 27 - 29	
WEEK 5: July 11 - 13	
WEEK 6: July 18 - 20	

WEEK 1: June 5- 9	
WEEK 2: June 12 - 16	
WEEK 3: June 19 - 23	
WEEK 4: June 26 - 30	
WEEK 5: July 10 - 14	
WEEK 6: July 17 - 21	

* CHILD INFORMATION *

CHILD'S NAME (First & Last):			
BIRTHDATE (MM/DD/YY):			
NAME I WANT YOU TO CALL MY CHILD:			
STREET ADDRESS, CITY, STATE & ZIP:			
PRIMARY PHONE #:			
GENDER (Circle One):	MALE / FEMALE	CURRENT CLASS:	
CHILD'S PHYSICIAN:		PHYSICIAN'S PHONE #:	

OFFICE USE ONLY	DATE:	PYMT AMT:	CHECK #:
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*** PLEASE COMPLETE BACK SIDE ***

Food Allergies: _____

Other Allergies: _____

Food Preferences: _____

Has your child tried peanut products? YES NO Any reaction? _____

Has your child been stung by a bee? YES NO Reaction? _____

Does your child require an INHALER? YES NO

Does your child require an EPI-PEN? YES NO

Any medications given regularly? YES NO Please name: _____

Any significant medical history? _____

Language spoken in home: _____

Is your child potty trained (not required)? Yes No Comments: _____

Child's previous group experience: _____

Any additional information about your child you feel we should know? _____

I give permission for my child to be included in any pictures and/or videos which may be used at Aldrich or in Aldrich promotional materials, such as newspaper articles, informational brochures, and/or the school website. Any such photography will be done under the supervision of the school staff and the children's names will NOT be included.

Signature:		Date:	
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In the case of an emergency, Aldrich will call 911 and attempt to contact me immediately. I give permission to Aldrich Memorial Nursery School to act in an emergency situation when I cannot be reached or there will be a delay in my arrival.

Signature:		Date:	
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*** PARENT / GUARDIAN INFORMATION ***

PARENT / GUARDIAN 1 (Authorized to Pick-Up)
NAME:
ADDRESS:
HOME PHONE #:
CELL PHONE #:
WORK PHONE #:
EMAIL ADDRESS:
RELATIONSHIP TO CHILD:

PARENT / GUARDIAN 2 (Authorized to Pick-Up)
NAME:
ADDRESS:
HOME PHONE #:
CELL PHONE #:
WORK PHONE #:
EMAIL ADDRESS:
RELATIONSHIP TO CHILD:

*** EMERGENCY CONTACTS ***

These must be **LOCAL** contacts, **OTHER THAN PARENTS or GUARDIANS**, who can assume temporary responsibility for your child if you cannot be reached. **Emergency contacts have permission to pick up this child.** State requires a **complete** street address.

EMERGENCY CONTACT 1 (State Requirement)
NAME:
ADDRESS:
PHONE #:

EMERGENCY CONTACT 1 (State Requirement)
NAME:
ADDRESS:
PHONE #: