



**PEOPLEPLACE**  
 Cooperative Preschool  
 BOX 644 CAMDEN, MAINE 04843 | (207) 236.4225

## 3-6 YEAR OLD REGISTRATION FORM 2016 SUMMER @ PEOPLEPLACE

CHILD'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

STREET ADDRESS (IF DIFFERENT) \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ EMPLOYED BY \_\_\_\_\_

MOTHER'S ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

MOTHER'S TELEPHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ EMPLOYED BY \_\_\_\_\_

FATHER'S ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

FATHER'S TELEPHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL ADDRESS(ES) \_\_\_\_\_

EMERGENCY CONTACT (OTHER THAN PARENT) \_\_\_\_\_

TELEPHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_

NAMES OF PERSONS PERMITTED TO REMOVE CHILD FROM PEOPLEPLACE:  
 \_\_\_\_\_

*(PEOPLEPLACE **MUST** BE NOTIFIED BY THE PARENT WHEN REGULAR TRANSPORTATION OR PICK-UP METHODS VARY.)  
 PLEASE CIRCLE THE WEEK (S) AND DAYS YOU WISH YOUR CHILD TO ATTEND. THIS PROGRAM RUNS  
 MONDAY-THURSDAY, 9:00 TO NOON OR 3:30PM.*

<i>JUNE 20</i>	<i>MON.- THURS.</i>	<i>MON. &amp; WED.</i>	<i>TUES. &amp; THURS.</i>
<i>JUNE 27</i>	<i>MON.- THURS.</i>	<i>MON. &amp; WED.</i>	<i>TUES &amp; THURS.</i>
<i>JULY 5</i>	<i>TUES.- THURS.</i>	<i>WEDNESDAY</i>	<i>TUES. &amp; THURS.</i>
<i>JULY 11</i>	<i>MON.- THURS.</i>	<i>MON. &amp; WED.</i>	<i>TUES. &amp; THURS.</i>
<i>JULY 18</i>	<i>MON.- THURS.</i>	<i>MON. &amp; WED.</i>	<i>TUES. &amp; THURS.</i>
<i>JULY 25</i>	<i>MON.- THURS.</i>	<i>MON. &amp; WED.</i>	<i>TUES. &amp; THURS.</i>
<i>AUGUST 1</i>	<i>MON.- THURS.</i>	<i>MON. &amp; WED.</i>	<i>TUES. &amp; THURS.</i>
<i>AUGUST 8</i>	<i>MON.- THURS.</i>	<i>MON. &amp; WED.</i>	<i>TUES. &amp; THURS.</i>

*PLEASE CIRCLE PICK-UP TIME: NOON OR 3:30PM*

**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 \_\_\_\_\_

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 (REFER TO THE PARENT HANDBOOK FOR THE PEOPLEPLACE EMERGENCY POLICY).

***SUMMER @ 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.

\_\_\_\_\_  
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**TUITION AGREEMENT**

I AGREE TO PAY SUMMER @ PEOPLEPLACE ALL CHARGES FOR SUMMER CAMP, INCLUDING A \$15 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 10 DAYS' NOTICE.

A 5% DISCOUNT WILL APPLY IF SUMMER TUITION IS PAID IN FULL BY JUNE 20<sup>TH</sup>, 2016 (IF ENROLLED AT LEAST 4 OUT OF THE 8 WEEKS)

**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.

PEOPLEPLACE DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, DISABILITY, SEXUAL ORIENTATION OR ANY OTHER LEGALLY PROTECTED CHARACTERISTICS.

I HAVE READ AND AGREE TO THE ABOVE INFORMATION.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

NOTE: REGISTRATION FEE MUST BE PAID AT TIME OF REGISTRATION.

***FOR PEOPLEPLACE OFFICE***  
*DATE ENROLLED* \_\_\_\_\_ *REGISTRATION PAID* \_\_\_\_\_

*OTHER NOTES:*