



PEOPLEPLACE
Cooperative Preschool
BOX 644 CAMDEN, MAINE 04843 | (207) 236-4225

18-36 MONTH REGISTRATION FORM 2017 SUMMER @ PEOPLEPLACE

CHILD'S NAME _____ BIRTH DATE _____

MAILING ADDRESS _____

STREET ADDRESS _____

MOTHER'S NAME: _____ EMPLOYED BY _____
(OR LEGAL GUARDIAN)

MOTHER'S ADDRESS (IF DIFFERENT FROM ABOVE) _____

MOTHER'S TELEPHONE: HOME _____ WORK _____ CELL _____

FATHER'S NAME: _____ EMPLOYED BY _____
(OR LEGAL GUARDIAN)

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.*

JUNE 19 MON.- THURS. MON. & WED. TUES. & THURS.

JUNE 26 MON.- THURS. MON. & WED. TUES. & THURS.

JULY 3 M/W/THURS. MON. & WED. THURSDAY

JULY 10 MON.- THURS. MON. & WED. TUES. & THURS.

JULY 17 MON.- THURS. MON. & WED. TUES. & THURS.

JULY 24 MON.- THURS. MON. & WED. TUES. & THURS.

JULY 31 MON.- THURS. MON. & WED. TUES. & THURS.

AUGUST 7 MON.- THURS. MON. & WED. TUES. & THURS.

*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.

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 19TH, 2017 (ONLY APPLIES IF ENROLLED FOR AT LEAST 4 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: