



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

18-36 MONTH REGISTRATION FORM 2019 SUMMER @ PEOPLEPLACE

CHILD'S NAME _____ BIRTH DATE _____

MAILING ADDRESS _____

STREET ADDRESS _____

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.)*

***THIS PROGRAM RUNS MONDAY-THURSDAY OR MONDAY & WEDNESDAY OR TUESDAY & THURSDAY
 FROM 9:00 TO NOON OR 9:00 TO 3:30PM. PLEASE CHOOSE YOUR PREFERENCE BELOW.***

<i>JUNE 17</i>	<i>MON.- THURS.</i>	<i>MON. & WED.</i>	<i>TUES. & THURS.</i>	<i>12:00</i>	<i>3:30</i>
<i>JUNE 24</i>	<i>MON.- THURS.</i>	<i>MON. & WED.</i>	<i>TUES & THURS.</i>	<i>12:00</i>	<i>3:30</i>
<i>JULY 1</i>	<i>MON. - WED.</i>	<i>MON. & WED.</i>	<i>TUESDAY ONLY</i>	<i>12:00</i>	<i>3:30</i>
<i>JULY 8</i>	<i>MON.- THURS.</i>	<i>MON. & WED.</i>	<i>TUES. & THURS.</i>	<i>12:00</i>	<i>3:30</i>
<i>JULY 15</i>	<i>MON.- THURS.</i>	<i>MON. & WED.</i>	<i>TUES. & THURS.</i>	<i>12:00</i>	<i>3:30</i>
<i>JULY 22</i>	<i>MON.- THURS.</i>	<i>MON. & WED.</i>	<i>TUES. & THURS.</i>	<i>12:00</i>	<i>3:30</i>
<i>JULY 29</i>	<i>MON.- THURS.</i>	<i>MON. & WED.</i>	<i>TUES. & THURS.</i>	<i>12:00</i>	<i>3:30</i>
<i>AUGUST 5</i>	<i>MON.- THURS.</i>	<i>MON. & WED.</i>	<i>TUES. & THURS.</i>	<i>12:00</i>	<i>3:30</i>

PLEASE CIRCLE WEEK(S), DAYS AND PICK-UP TIMES YOU WISH YOUR CHILD TO ATTEND

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 AND A 20% DEPOSIT FOR EACH WEEK ENROLLED (AT TIME OF REGISTRATION) . I UNDERSTAND THAT PAYMENT OF THE REMAINING BALANCE IS DUE MONDAY OF EACH CAMP WEEK. I MAY CANCEL A WEEK OF SUMMER CAMP WITH AT LEAST 10 DAYS' NOTICE, BUT UNDERSTAND THAT I WILL FORFEIT THE 20% DEPOSIT CHARGE AND REGISTRATION FEE IF I DO SO.

CURRENT PEOPLEPLACE FAMILIES AND ALUMNI RECEIVE 10% OFF SUMMER CAMP TUITION RATES. A 3% DISCOUNT WILL BE OFFERED FOR PAYMENT IN FULL BY JUNE 20, 2019. (CASH OR CHECK ONLY)

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 _____

FOR PEOPLEPLACE OFFICE
DATE ENROLLED _____ *REGISTRATION PAID* _____ *DEPOSIT PAID* _____

OTHER NOTES: