



THE PETER PAN CENTER'S VACATION KIDS CAMPS

Registration forms
are available here or
on our website!



MINECRAFT!

LEGO MANIACS!

**STOP MOTION
ANIMATION!**

STAR WARS FANS!

INDOOR GYM!

AND MORE!

- Our activities are customized for our campers ages 7-12!
- More details on our website!
- Register today!

THE PETER PAN CENTER
629 Massachusetts Ave.
Suite 201 (2nd Floor)
Boxborough, MA 01719
978/263-4947

www.peterpancenter.com

**December, February,
April & Summer!**

The Peter Pan Center

Program Registration Form – Indoor Kids Mini Camps – Ages 7-12

December, February & April Vacations 2016-2017

Participant Information:

Child's Name: _____

Age: _____

Parent Name: _____

Address: _____

City, ST, Zip: _____

Phone: _____

E-Mail: _____



Allergies or Dietary Restrictions? _____

Medications (example Epi Pen?) _____

New participants must meet our guidelines for participation on attached waiver form and are encouraged to schedule a visit prior to registering for programs to ensure our program is a good fit for your child.

The Peter Pan Center Indoor Kids Mini Camps – December, February & April

Check Full Week(s) or Circle Individual Day(s):

Program	Day(s)	Time	Dates
<input type="checkbox"/> December 2016	T-W-TH	12:30-4:00	Dec. 27, 28 & 29
<input type="checkbox"/> February 2017	T-W-TH	12:30-4:00	Feb. 21, 22 & 23
<input type="checkbox"/> April 2017	T-W-TH	12:30-4:00	April 18, 19 & 20



Please send any snacks and beverages your child is allowed to have each day.
Electronic devices are allowed for technology time (Minecraft, etc.)
Camps are facilitated by Donna Shea and staff.

TUITION:

3 days/week \$180.00 = \$ _____

OR

of single days (circle dates above) x \$60/day = \$ _____

Please fill out a separate form for each child.

Please sign waiver on reverse side of this form. Thank you!

Total Tuition Paid
\$ _____

Check # _____

Please make checks payable to Donna Shea.

Mail to:
Donna Shea
The Peter Pan Center
P.O. Box 312
Harvard, MA 01451



Waiver and Release of Liability for Program Participation

Please fill in and provide your signature below if your child will be participating in programs at the Center.

I, _____ (parent's name), parent/guardian of
_____ (child's name), hereby grant permission for
his/her participation in programs at the Peter Pan Center and release the Peter Pan Center and Donna Shea
and any other provider of this service, from liability for the standard type of unforeseeable accidents such
as between-peer-child incidents, communicable colds, etc., "acts of God"/weather, and other similar
accidents.

If an accident requiring urgent medical treatment occurs, I agree to allow the program facilitator to call an
ambulance on my child's behalf and release the specifics of the accident to the treating hospital. I am
providing my child's current health insurance information in case it is needed.

Name of Health Insurance Carrier: _____

ID # _____

I also confirm that my child meets all of the guidelines for participation (please check).

- My child is "fluent" in his/her use of language
- My child does not need one-to-one attention for safety
- My child can transition in and out of the program without incident and does not have a history of bolting
- My child does not have a history of significant physical or verbal aggression towards peers and others
- My child is interested in socializing with other children
- My child can independently take care of restroom needs
- I give permission for my child to walk to the local playground (weather permitting) with staff
- I give permission for my child to be photographed and videotaped for educational, training and marketing purposes (no names of children are ever published)

I understand that if my child has issues with bolting or aggression that I do not disclose and is aggressive with staff or other children or creates a dangerous situation by attempting to leave the Center that my child may be asked to discontinue participation in the program and no tuition refund would be issued.

Parent Signature: _____

Date: _____