

# The Peter Pan Center

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

## School Vacation Camps 2017-2018

**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 the 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. If your child is a little younger or older and you would like them to attend, we would be happy to discuss the possibility with you.

### The Peter Pan Center *Indoor Kids Camps* – 2017-2018 Registration

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

Program	Day(s)	Time	Dates
<input type="checkbox"/> December 2017	T-W-TH	12:30-4:00	Dec. 26, 27 & 28
<input type="checkbox"/> February 2018	T-W-TH	12:30-4:00	Feb. 20, 21 & 22
<input type="checkbox"/> April 2018	T-W-TH	12:30-4:00	April 17, 18 & 19



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

**TUITION:**

3 afternoons/week \$225.00 = \$ \_\_\_\_\_

OR # of single days (circle dates above) x \$75/day = \$ \_\_\_\_\_

Total Tuition Paid  
\$ \_\_\_\_\_

Please make checks payable to Donna Shea.

Please fill out a separate form and waiver on back of form for each child. Siblings are most welcome to sign up! Thank you!

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



## Waiver and Release of Liability for Program Participation at the Peter Pan Center

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: \_\_\_\_\_