

The Peter Pan Center

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

School Vacation & Summer Programs 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* – 2018 Registration

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

Program	Day(s)	Time	Dates
<input checked="" type="checkbox"/> February 2018	T-W-TH	12:30-4:00	Feb. 20, 21 & 22
<input checked="" type="checkbox"/> April 2018	T-W-TH	12:30-4:00	April 17, 18 & 19
<input type="checkbox"/> Summer Week #1	T-W-TH	12:30-4:00	July 10, 11 & 12
<input type="checkbox"/> Summer Week #2	T-W-TH	12:30-4:00	July 17, 18 & 19
<input type="checkbox"/> Summer Week #3	T-W-TH	12:30-4:00	July 24, 25 & 26
<input type="checkbox"/> Summer Week #4	T-W-TH	12:30-4:00	July 31, Aug 1&2
<input type="checkbox"/> Summer Week #5	T-W-TH	12:30-4:00	Aug. 7, 8 & 9
<input type="checkbox"/> Summer Week #6	T-W-TH	12:30-4:00	Aug. 21, 22 & 23



PLEASE NOTE: Program does not meet week of August 14th

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 = \$ _____

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



Total Tuition Paid
 \$ _____

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 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 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: _____