

The Peter Pan Center
 Program Registration Form – *Indoor Kids Mini Camps* – Ages 7-12
 February & April Vacations 2015

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* – February & April 2015

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

<u>Program</u>	<u>Day(s)</u>	<u>Time</u>	<u>Dates</u>
<input type="checkbox"/> Feb. Vacation	T-W-TH	9:00-4:00	Feb. 17, 18 & 19
<input type="checkbox"/> April Vacation	T-W-TH	9:00-4:00	April 21, 22 & 23

Half Day Options

Half day mornings are available from 9:00-12:30

Half day afternoons are available from 12:30-4:00.

Miss Donna will be leading the mini camps.

Please send a bag lunch each day for full day campers.

Please provide a change of clothes to keep at camp for the week.

Please let us know if your child has any food allergies, dietary restrictions or foods that you prefer he or she not consume.

TUITION:

of weeks (full day) x \$225.00 = \$ _____

of weeks (1/2 day AM) x 112.50 = \$ _____

of weeks (1/2 day PM) x \$112.50 = \$ _____

OR

of single days x \$75 = \$ _____

Please fill out a separate form for each child.

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 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: _____