



# NEW MORNING SCHOOL - 2009 SUMMER CLASS REGISTRATION FORM

Please use one registration form for each child. Class fees are NONREFUNDABLE unless we are unable to accept your child. We will notify you if a class is full. Completed registration forms can be faxed with credit card payment to 734.420.0324 or mailed with payment.

## SESSIONS AND CAMPS/METHOD OF PAYMENT

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

DISCOVERY DAYS\* (circle session):

SCIENCE CAMPS (check camps desired below): **LATCHKEY\*\***

	Session 1 7/6	Session 2 7/13	Session 3 7/20	Session 4 7/27	Session 5 8/3	Camp 1 7/6	Camp 2 7/13	Camp 3 7/20	Camp 4 7/27	Camp 5 8/3	7-9 AM Latchkey	3-6 PM Latchkey
9:00 - 10:30 AM	1A 1B	2A 2B	3A 3B	4A 4B	5A 5B							
11:00 AM - 12:30 PM	1C 1D	2C 2D	3C 3D	4C 4D	5C 5D							
9:00 AM - 3:00 PM	<b>JUNIOR EXPLORER SCIENCE CAMPS:</b>											
9:00 AM - noon		7/13		7/27								
Fees	_____ <b>Discovery Day* sessions x \$60 = \$</b> _____					_____ <b>Full-Day Camps x \$215 = \$</b> _____						
	<b>* Must be toilet-trained and cannot attend food-related classes if food allergy.</b>					_____ <b>Half-Day Camps x \$115 = \$</b> _____						
	<b>Total Discovery Day Sessions and Science Camps \$</b> _____											

\*\* Please indicate if you plan to use latchkey services. The fee is \$8 per family per AM or PM, payable on the Friday of each week.

**T-shirts** (circle) Youth S | M | L Adult S

**NEW:** Total fees under \$215 must be paid in full with registration. If fees exceed \$215, a 50% deposit may be paid with registration and the balance paid by June 11, 2009.

Check enclosed for \_\_\_\_\_ Charge my \_\_\_ Visa \_\_\_ MasterCard for \$\_\_\_\_\_ Name on card \_\_\_\_\_  
Cardholder Signature \_\_\_\_\_ Account Number \_\_\_\_\_ Exp date \_\_\_\_\_ CVV \_\_\_\_\_

## EMERGENCY INFORMATION AND RELEASE OF CLAIMS

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Mother's full name \_\_\_\_\_ Work phone \_\_\_\_\_ Email: \_\_\_\_\_  
Father's full name \_\_\_\_\_ Work phone \_\_\_\_\_ Email: \_\_\_\_\_

**Person, other than parent to be notified in emergency situation when parent is not available (also allowed to pick up student)**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name of Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Health Insurance Name \_\_\_\_\_ Health Insurance Number \_\_\_\_\_  
Allergies \_\_\_\_\_ Epi-pen? \_\_\_\_\_ Physical Impairments \_\_\_\_\_  
Medications being taken \_\_\_\_\_ For what purpose \_\_\_\_\_  
Date of last tetanus shot \_\_\_\_\_ Other pertinent medical facts \_\_\_\_\_

I hereby declare that I am the parent/legal guardian of the child(ren) named above who are enrolled at the New Morning School. I hereby give my consent, in the event that all reasonable attempts to contact me or the child's other parent or guardian named above have been unsuccessful, for:

- The administration of any treatment deemed necessary by the physician I have named above, or, in the event that the preferred practitioner is not available, by another licensed physician or dentist, and
- The transfer of the child to \_\_\_\_\_ Hospital or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

I hereby release and discharge the New Morning School, its agents, employees, and officers, from all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever which the undersigned ever had, now has, or may ever have against the School, its successors or assigns, for all personal injuries or illnesses, known or unknown, which the child named above may suffer or incur as a result of the actions of the New Morning School in procuring medical treatment.

In consideration of permission granted the child named above to participate in all school-related activities and to be taken on all field trips which are a regular or special part of the curriculum at New Morning School, I hereby release and discharge the New Morning School, its agents, employees and officers, from all claims, demands, damages, actions, causes of action, or suits of any kind or nature whatsoever, which the undersigned ever had, now has, or may ever have against the New Morning School, its successors or assigns, for all personal injuries, known or unknown, and injuries to personal property, caused by or arising out of, the above-mentioned field trips and activities. This consent and release of claims will be in effect throughout my child's stay at New Morning School. *I give permission for my child(ren)'s photograph and name to be used for information and publicity purposes (Internet use without names).*

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this release at \_\_\_\_\_ (city)

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Total fees _____	Amt. Paid _____	Date Rec'd _____	Check no. _____	Processed on card # _____
	Amt. Paid _____	Date Rec'd _____	Check no. _____	Processed on card # _____