



SUMMER PROGRAM FORM 2020

Child's Name _____
 First **Middle** **Last**

Summer Sessions: Full Day 9:00 a.m. to 3:00 p.m.

	3 Day Program M,W,F	5 Day Program M-F
Week 1 (June 22-June 26)	\$125.00	\$175.00
Week 2 (June 29-July 3)	\$125.00	\$175.00
Week 3 (July 6-July 10)	\$125.00	\$175.00
Week 4 (July 13-July 17)	\$125.00	\$175.00
Week 5 (July 20-July 24)	\$125.00	\$175.00
Week 6 (July 27-July 31)	\$125.00	\$175.00
Week 7 (August 10-August 14)	\$125.00	\$175.00
Week 8 (August 17-August 21)	\$125.00	\$175.00

Payment Policies

- \$50 non-refundable deposit required at the time this form is submitted.
- Child must enroll in at least seven weeks to hold a spot in the program. Please indicate the one week (if any) your child will not attend.
- If a child is picked up late there will be a \$10.00 fee incurred for every 10 minutes past the designated pick-up time.
- If your automatic draft is declined a \$30.00 fee will be charged to cover bank fees.
- I would like to pay in full by June 21st (5% discount)
- I would like to pay by automatic free bank transfer.
- I would like to pay by automatic credit card payments. (a 3% fee will be added)

Draft Agreement

- I authorize that my bank account or credit card will be drafted on the Friday prior to each week of camp.

 Credit Card Number or Bank Account Number

 CC Expiration Date or Routing Number

I have read and understand the Payment Policy

 Signature of Parent

 Date



REGISTRATION FORM

CHILD'S NAME _____ DATE OF BIRTH _____

ADDRESS _____ HOME TEL _____

MOTHER/GUARDIAN _____ CELL _____

WORK- PLACE _____ WORK TEL _____

WORK-PLACE ADDRESS _____ EMAIL _____

FATHER/GUARDIAN _____ CELL _____

WORK-PLACE _____ WORK TEL _____

WORK-PLACE ADDRESS _____ EMAIL _____

IN CASE OF EMERGENCY: AUTHORIZED PERSONS WHO HAVE PERMISSION TO PICK UP CHILD IF PARENT or GUARDIAN CANNOT BE REACHED:

1. _____ PHONE _____

2. _____ PHONE _____

Physician: _____ PHONE _____

I further agree that in case of accident or injury, emergency medical care may be given to the child by authorized staff in the event that I cannot be contacted immediately.

Emergency Care Hospital: _____

Emergency Care Transportation: _____

Parent Agreement

- I approve this application and certify the following:
- The Torrington Preschool Center may dismiss without refund that disrupts the program or violates the school safety rules outlined in the parent handbook.
 - It is my responsibility to pick-up my child at the agreed upon time, failure to do so will result in a late fee.
 - I agree to pay my session fee by each Monday of that weeks' session or in full prior to the beginning of camp. I understand that my child will not be able to participate if payment is not received and no refunds will be given once payment is drafted.
 - I give permission for the Torrington Preschool Center to take photos & videos of my child and use them for promotional purposes.

Signature of Parent or Guardian Date