



18 Lomar Park
Pepperell MA 01463
978-877-8600

Registration Packet

Summer Fun Program 2016

8:45 AM – 11:45 AM

*Let the learning continue all summer long
Children 3-6 years old*

L'il Chefs:	July 11 – July 15 August 15 – August 19
Damsels & Knights:	July 18 – July 22
Dinosaur Days:	July 25 – July 29
Mother Goose:	August 1 – August 5
Explore the Rainforest:	August 8 – August 12

www.appleseeds-pepperell.com

appleseedspepperell@gmail.com

STUDENT ENROLLMENT FORM

Summer Fun Program 2016

STUDENT INFORMATION:

Student Name _____ Date of Birth _____

Hair Color _____ Eye color _____ Height _____ Weight _____

Home Address _____

Telephone _____ Sex _____

Nickname (if any) _____ Primary Language _____

Allergies/Special Diets _____

Name(s) and age(s) of sibling(s) _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name _____

Relationship to Child _____ Email _____

Home Address _____

Home # _____ Work # _____ Cell # _____

Name of Employer _____ Type of Work _____

Parent/Guardian Name _____

Relationship to Child _____ Email _____

Home Address _____

Home # _____ Work # _____ Cell # _____

Name of Employer _____ Type of Work _____

ADDITIONAL INFORMATION:

How did you hear about Apple Seeds School? _____

Parent/Guardian Signature

Date

CLASS REGISTRATION

Summer Fun Program 2016

Parent/Guardian Name: _____

Student's Name: _____

Please indicate selection with a check mark.

Each week is a unique experience.

L'il Chefs: _____ July 11 – July 15 (session 1 - \$110)

Damsels & Knights: _____ July 18 – July 22 (session 2 - \$100)

Dinosaur Days: _____ July 25 – July 29 (session 3 - \$100)

Mother Goose: _____ August 1 – August 5 (session 4 - \$100)

Explore the Rainforest: _____ August 8 – August 12 (session 5 - \$100)

L'il Chefs: _____ August 15 – August 19 (session 6 - \$110)

- **Tuition:** \$100 per week (L'il Chefs cooking classes are \$110 per week)
- **Payment:** Half the tuition price is due upon registration. The remaining half is due the first day of class. (There is no reimbursement for days absent)
- **Schedule:** Monday – Friday 8:45am – 11:45am
- **Snack:** Students should bring a healthy snack and drink (Apple Seeds is a nut/peanut free school).
- **Change of clothes:** Please pack an extra change of clothes (shirt, shorts, socks and underwear). Sunscreen should be applied before class.

Parent/Guardian Signature

Date

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Summer Fun Program 2016

Student Name _____ Date of Birth _____

I authorize staff in the child care program who are trained in the basics of first aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and to secure necessary medical treatment for my child.

Student's Physician's Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Regular medications _____

Health Insurance Provider:	Policy #:
Parent Name:	Phone (1): Phone (2):
Parent Name:	Phone (1): Phone (2):

EMERGENCY CONTACTS: *(In order to be contacted)*

*****These contacts are for emergency purposes only - this is not for regular school transportation needs*****

1. Name: _____ Address: _____

Relationship to Child: _____ Phone #: _____

Do you give permission for child to be released to this person? Yes No

2. Name: _____ Address: _____

Relationship to Child: _____ Phone #: _____

Do you give permission for child to be released to this person? Yes No

3. Name: _____ Address: _____

Relationship to Child: _____ Phone #: _____

Do you give permission for child to be released to this person? Yes No

Parent/Guardian Signature

Date

TRANSPORTATION PLAN AND AUTHORIZATION

Summer Fun Program 2016

Student Name _____ Date of Birth _____

I/We represent that our child will

ARRIVE AT THE PROGRAM BY:

DEPART FROM THE PROGRAM BY:

____ Parent Drop Off

____ Parent Pick Up

____ Private Transportation arr. By Parent

____ Private Transportation arr. By Parent

____ Other (Describe _____)

____ Other (Describe _____)

I give permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. (If no one is authorized, please indicate below by writing "NO ONE")

*****These contacts are for regular transportation needs only - this is not for emergency purposes*****

1. NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE _____ CELL _____

2. NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE _____ CELL _____

3. NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE _____ CELL _____

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one program year from the date of signature.

Parent/Guardian Signature

Date

RELEASE OF INFORMATION AGREEMENT

Summer Fun Program 2016

Student Name _____ Date of Birth _____

From time to time, photos of children are taken while participating in school activities. We use photos for promotional and informational materials (such as the Apple Seeds brochure, the school website and facebook page, and on special projects displayed at public spaces in Pepperell – post office, library, senior center etc.) and on year end class DVDs. **No child's name shall be used in connection with such promotional materials.**

I hereby grant permission for Apple Seeds Preschool to take and use photographs of my child and use his/her photo or his/her quotes for use in promotional and informational materials.

(Circle One)

Yes

No

Periodically the local press visits Apple Seeds Preschool to cover an event. They may take pictures and/or ask children and parents for quotes.

I hereby grant permission for Apple Seeds Preschool to release the name of my child for use by local newspapers such as Pepperell Free Press and Lowell Sun and to use his/her photo or his/her quotes from the classroom in their papers.

(Circle One)

Yes

No

Parent/Guardian Signature

Date

MEDICAL HISTORY

Summer Fun Program 2016

Apple Seeds School is an early childhood program licensed by the Department of Early Education and Care. The Department of Early Education and Care's regulations require, at the time of admission, a written statement from a physician as evidence of each child's annual physical examination, immunizations and **a three-year old lead screening (*)** in accordance with Department of Public Health's recommended schedules.

Evidence of a physical exam is valid for one year from the date the child was examined and must be renewed annually thereafter.

Please have your child's physician complete the following form **or attach a copy of the physician's printed report.** A copy of your child's recent **immunization report must be included** with either option.

Name of Child: _____ Date of Birth: _____

Address: _____ Phone #: _____

Name of Parents: _____

Address: _____

Date of Examination of Child: _____

What is your opinion concerning the child's general health and appearance: _____

Has this child been screened for lead poisoning **as a two-year old?** (*) Yes _____ No _____

Has this child been screened for lead poisoning **as a three-year old?** (*) Yes _____ No _____

If Yes, date screened: _____

(*) Entering private school as a 2 and 3 year old:
Entering private school as a 4 year old:

Lead test required
Lead test required if 4 year old physical **has not yet** happened

Does this child have any disabilities or chronic medical problems (allergies, limited vision, etc.) which require special considerations or care by the child care provider? If so, please describe: _____

Additional Comments: _____

Physician Signature

Date

Please attach a copy of the most recent immunizations on record