



CREATIVE SUMMER at The Mead School



APPLICATION 2019

Child's Full Name _____ Nickname _____ Sex _____
 Birth Date ___/___/___ Age _____ Grade (current) _____ (Fall '19) _____
 Child's School (current) _____ (Fall '19) _____

Home Address _____
 City, State, Zip _____ Home Phone _____
 Parent E-mail _____

Mom's Name _____ Occupation _____
 Address (if different than child's) _____
 Home Phone _____ Cell Phone _____ Work Phone _____

Dad's Name _____ Occupation _____
 Address (if different than child's) _____
 Home Phone _____ Cell Phone _____ Work Phone _____

PERSON TO WHOM BILLS ARE TO BE SENT: _____
 ADDRESS: _____

Child's Physician _____ Phone _____
 Address _____ City, State, Zip _____
 Child's Dentist _____ Phone _____
 Address _____ City, State, Zip _____

Names/Ages of Registrant's siblings *(Please note if any siblings are also registering for program):*

(Continued on reverse side)

*Please give the name and telephone number of two persons who can be called in an emergency to care for your child in case you cannot be reached during the day. These people also have permission to transport my child from **Creative Summer**.*

Name _____ Name _____
Address _____ Address _____
City, State, Zip _____ City, State, Zip _____
Phone _____ Phone _____

*How did you hear about **CREATIVE SUMMER**?* _____

Does your child have any special needs? _____

What other information can you tell us which will make **CREATIVE SUMMER** a positive experience for your child?

It is understood that this application is merely a request for admission. It is not binding on either the applicant or The Mead School.

A specific catalog containing the course-offering guide and schedule will be mailed out in late May 2018. Applicants will be asked to select course choices. Course assignment is made upon a first-come, first served basis.

The admission policy of The Mead School is to offer equal opportunity for admission to all qualified students without regard to race, national origin or religious preference.

It is understood that a **\$450.00 non-refundable application fee** must be included with this form. This fee will be applied to the total tuition cost. Tuition must be paid in full **on or before June 10, 2019**, or the space reserved through the admission form may be forfeited. I understand that once the program has begun, no portion of the tuition paid will be refunded.

I give permission for photos which may be taken of my child during the program to be used in future **CREATIVE SUMMER** materials.

Signature of Parent or Guardian

Date

Please make your \$450.00 check payable to The Mead School and mail to:

CREATIVE SUMMER
The Mead School
1095 Riverbank Road
Stamford, CT 06903
(203) 595-9500