



**SUMMER SESSIONS 2019
APPLICATION – WESTPORT CAMPUS**

Date of Registration: _____

Child's Name: _____ Age (as of 1st day of camp) _____

Children must turn three by December 31, 2019

Circle the appropriate week session(s) in the table below

Threes, Fours & Fives						
Summer Sessions – (9:00 am – 2:00 pm)*	1	2	3	4	5	
Weekly Session Start Dates	6/17	6/24	7/8	7/15	7/22	
*Extended hours available by prior arrangement.						

No Summer Session the Week of July 4th

Amount Due at Registration		
	ON or BEFORE May 3rd	AFTER May 3rd
Weekly Rate	\$375.00	\$400.00
Number of Weeks		
TOTAL Amount Due At Registration	\$	\$

Payment Information

- Payment in full is due at time of registration. (Please make checks payable to Ridgefield Academy).
- Summer Session fees are non-refundable except with a doctor's note.
- Ridgefield Academy/Landmark Preschool reserves the right to cancel any session due to low enrollment. Full refunds will be issued for any cancelled session.
- Extended hours are available from 8:30 am to 3:00 pm at \$14/hour by prior arrangement. Please contact the office at the time of registration.

Payment Method
<p>Only check payments are accepted. Please make checks payable to Ridgefield Academy.</p> <p>Check Number _____</p> <p>Amount \$ _____</p>



SUMMER SESSIONS 2019 REGISTRATION FORM

Use a separate form for each child and please print all information clearly.

General Information

Child's Name (First) _____ (Last) _____ Gender M / F

Parent 1 Name (First) _____ (Last) _____

Parent 2 Name (First) _____ (Last) _____

Mailing Address _____

City _____ State _____ Zip _____

Child's Age (as of 6/2019) _____ Date of Birth _____ Child's Grade (entering 9/2019) _____

Child's Home Phone _____

Parent 1 Cell Phone _____ Parent 2 Cell Phone _____

Parent 1 Work Phone _____ Parent 2 Work Phone _____

Parent 1 Email Address _____ Parent 2 Email Address _____

Emergency Information Please list two emergency contacts (*other than parents*):

Name _____	Relationship _____
Home Phone _____	Work/Cell Phone _____
Name _____	Relationship _____
Home Phone _____	Work/Cell Phone _____

Pick Up Authorization The following people are authorized to pick up my child (*other than parents*):

Name _____	Day Time Phone _____
Name _____	Day Time Phone _____
Name _____	Day Time Phone _____

Permission Slip

I, _____, the parent/guardian of _____, understand that Ridgefield Academy is a non-profit organization which makes its facilities, programs and activities available to persons only on the condition that they agree to assume complete responsibility for any injury or damage. I acknowledge that Ridgefield Academy programs and activities may involve risk, and assume those risks for my child. Further, in consideration of acceptance of my child into the Ridgefield Academy Summer Sessions and/or its sponsored programs and activities, I release and agree to hold harmless Ridgefield Academy, its officers, directors, employees and staff from any claims or damage or loss (including but not limited to physical injury, and property damage) that may occur as a result of my child's participation in any Ridgefield Academy sponsored program or activity. I hereby give the foregoing release on behalf of myself, my child, and all family members of either of us, and confirm that I authorize to do so. I understand that Ridgefield Academy does not carry medical/accident insurance, and that I am responsible for any and all charges for medical treatment, property damage, or acquiring my own insurance. I acknowledge that participation in Ridgefield Academy sponsored activities is conditional upon compliance with all applicable rules and policies established at Ridgefield Academy. I further acknowledge that Ridgefield Academy sponsored activities and participants may be photographed, filmed or videotaped from time to time, and hereby consent use of my child's picture and likeness for Ridgefield Academy related promotional purposes without further consideration.

Parent or Guardian Signature _____ Date _____ (OVER)





SUMMER SESSIONS 2019 MEDICAL BACKGROUND AND AUTHORIZATION

This form must be completed by a parent or legal guardian. Please print clearly.

Medical Concerns

Landmark Preschool requires background information on your child in order to provide licensed medical staff with pertinent information in case of emergency. Please check all that apply:

Has your child ever had, or does he/she now suffer from: (Please give an approximate date.)

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Seizures | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Mumps | <input type="checkbox"/> High/Low Blood Pressure |
| <input type="checkbox"/> Flu | <input type="checkbox"/> Asthma | <input type="checkbox"/> Recovering Fractures |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Diabetes | |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Ulcers | |
| <input type="checkbox"/> German Measles | | |

Other comments: _____

Medications

Please list medications that your child is taking. We ask that, if at all possible, you medicate your child outside of summer sessions hours. However, if your child requires these medications during summer sessions, please contact us for an authorization form.

Allergies and Allergic Reactions

Please note: If your child has a food allergy, we ask that you provide their own food items during the duration of summer sessions including snack and lunch.

Does your son/daughter react negatively to any medication or foods? If so, please list them.

- Hay Fever Poison Ivy Insect Sting Penicillin

Other: _____

Parent Authorization

The health history listed herein is correct as far as I know. I accept full responsibility for the health and physical condition of the person herein described, and give my permission for him/her to engage in all Landmark Preschool/Ridgefield Academy sponsored activities, except as noted by me. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by Landmark Preschool/Ridgefield Academy to hospitalize, secure proper treatment or to order injection, anesthesia or surgery for my child as named above.

Parent or Guardian Signature _____ Date _____

By State regulation your child may not attend summer sessions until this form is fully completed and returned, along with a current Immunization Form to Landmark Preschool