

rumseysummer!2020

REGISTRATION FORM

Please complete and return with payment to: Rumsey Hall School, 201 Romford Road, Washington, CT 06794 phone: 860.868.0535 email: camp@rumseyhall.org

1. Please select appropriate prog	gram for your child. (Complete sep	parate fo	rm for each c	hild.
3-5 Year Old Half-Day Prog	gram* \$315/wk (Mon	day - Friday, ⁽	9am - 1pr	n)	
3-5 Year Old Extended Day Program* \$370/wk (M, W, F 9am - 4pm & T, TH 9am - 1pm) * Child must be toilet trained					
6-10 Year Old Program \$43	35/wk (Monday - Frida	ay, 9am - 4pn	n)		
ENROLL BY MAY 1, 2	020 FOR ALL FIVE WEE	KS AND RECE	IVE A 10%	TUITION DISC	OUNT
2. Select the session(s) your child June 29-July 3 July 6 3. Payment: Please make checks p	5-10 July 13-17		July 24	July 27-Jul	ly 31
PAYMENT IN FULL FOR THE WEE \$65 of this program co	KS YOU WISH TO ENRO	OLL YOUR CHIL			
Total Enclosed: \$					
4. Registrant's Information					
Child's Name				Age	Grade
Last	First	I	Middle		
Parents' Names					
Mother		Father			
Permanent Address					
Street	City			State	Zip
Summer Address					
Street	City			State	Zip
Phone Sur	mmer Phone		Ema	il	
T-Shirt Size (circle one) YXS	YS YM	YL	AS	AM	
How did you hear about rumseys	summer! ?	d of Mouth		Print Ad/Posto	card
Other (please explain)					

5. Medical Requirements

Completed Rumsey Hall medical forms are **required** with proof of physical exam within 12 months **prior** to attendance. Please find these forms at the www.rumseyhall.org Summer Programs tab.

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PERMISSION FORM

Student(s) Name			
	authorization. A blank indicates that your child n to participate in that particular activity.		
I GIVE MY CHILD PERMISSION TO:			
Swim Hike	Fish Use indoor climbing wall		
Participate in Challenge Course (team building activities)	Attend off-campus activities		
(team building activities)	Be photographed or videotaped by RHS		
program. I understand that such participation in outdoor recreation which may expose my chlacerations, strains, fractures, concussions, loss permission, I waive any and all claims I/we may agents (collectively RHS) and relieve RHS of ar daughter in this activity. This permission slip is valid unless revoked in valid to the strain of the strain outdoor.	the above checked activities during the <i>rumsey</i> summer! can include travel hazards and other hazardous activities inherer all to illness or certain risks of injury such as, but not limited to, of limb, drowning, or even death. I understand that by granting y have against Rumsey Hall School and all of their employees or my and all liability with regard to the participation of my son or writing by me/us. If any portion of this agreement is held to be intended that all the remainder shall, notwithstanding, continue		
Parent/Guardian Signature	 Date		



PICK-UP AUTHORIZATION FORM

Please complete this form to authorize pick-up by anyone other than the parent/guardian. All persons listed below will be required to show a photo I.D.

printed name of parent/guardian				
prir	nted name of child			
	dates:	entire summer:		
printed name of authorized person				
	dates:	entire summer:		
printed name of authorized person				
	dates:	entire summer:		
printed name of authorized person				
	dates:	entire summer:		
printed name of authorized person				