



# SUMMER TAPESTRY 2024 REGISTRATION FORM

TAPESTRY LOCATION (*Please Circle One*): NORTHEAST / NORTHWEST / RUTLAND INTERMEDIATE

Please answer ALL questions on this application. Incomplete applications will be returned.

Student Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_ Gender: M  F  Other

Child's T-Shirt Size: Child: S  M  L  XL  Adult: S  M  L  XL  2XL

Attendance Days: MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY

**Tapestry Daily Rate: \$37.00      Tapestry Weekly Rate: \$185.00**

Do you have subsidy in place, or have applied for Child Care Subsidy recently? YES  NO

*NOTE: As of July 3, 2022, the Vermont Child Care Subsidy program completely changed. Eligibility has expanded, and we strongly recommend families apply for subsidy for the summer program.*

Acceptance in the program is based upon available space. Site leadership will provide a start date to you.  
**\*\* YOUR CHILD/CHILDREN MAY NOT ATTEND TAPESTRY UNTIL ALL FORMS ARE COMPLETE, A FINANCIAL PLAN IS IN PLACE, AND A START DATE IS PROVIDED TO YOU. \*\***

## Transportation (Daily, to and from camp)

Parent drop off/pick up: YES  NO

Bus pick up / drop off: YES  NO

STREET ADDRESS: \_\_\_\_\_

First Parent/Guardian Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Preferred Phone # 1: \_\_\_\_\_ Phone # 2: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different from physical address): \_\_\_\_\_

Workplace: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Second Parent/Guardian Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Preferred Phone # 1: \_\_\_\_\_ Phone # 2: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different from physical address): \_\_\_\_\_

Workplace: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Student Name: \_\_\_\_\_

Summer 24

With whom does the child live: Both Parents: Yes  If No, please check:  Mother  Father or  
 Other \_\_\_\_\_ Are there custody issues: No  Yes  Do you have custody papers: No  Yes

If I cannot be reached at the above numbers, please contact the following people (3 are required). I also give permission for my child to be released to them. (Please keep in mind that your contacts should be local to this area, not out of town or out of state.)

Emergency Contact Person # 1: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Person # 2: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Person # 3: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Health History: problems/illness (BE SPECIFIC: include any limitations and instructions): \_\_\_\_\_

State of Vermont Child Care Licensing requires the Tapestry Program to have an up-to-date copy of immunization records PRIOR to attending the program. *Please be sure to include a copy of these records with your enrollment form.*

Allergies: Please list allergies and instructions: \_\_\_\_\_

Dietary Restrictions/Other Special Needs: (BE SPECIFIC, include any limitations and instructions): \_\_\_\_\_

Will your child need to take prescription medications during camp: No  Yes

If yes: What \_\_\_\_\_ When \_\_\_\_\_ Dosage \_\_\_\_\_  
What \_\_\_\_\_ When \_\_\_\_\_ Dosage \_\_\_\_\_  
What \_\_\_\_\_ When \_\_\_\_\_ Dosage \_\_\_\_\_

Any prescription medication that is to be given during the program hours must be provided to the Site Coordinator in its original container, with a physician's written order, including inhalers or EpiPens.

Please review each of the following lines and initial each box, indicating you give permission for each item. If you are not providing permission for an item please write **NO** in that box.

Initial _____	I understand that if I need to change information on this registration I must contact Tapestry in writing or submit a new registration form, as needed.
Initial _____	I give permission for staff to administer over the counter pain medication, antacid and cough preparations.
Initial _____ Initial _____ Initial _____	I give permission for staff to apply and supervise the topical application of ointments/lotions or spray: 1. Sunscreen 2. Tick/insect repellent 3. Antiseptics for small wound
Initial _____	I give permission for my child to watch PG rated movies.
Initial _____	I give permission for my child to participate in swimming and water activities.
Initial _____	In case of accident or illness, I request the Tapestry Program contact me. If the Tapestry Program is unable to reach me, I hereby authorize personnel to seek emergency medical care, including transportation to the emergency room. I hereby authorize the physician in charge to administer whatever emergency treatment is necessary at my expense.
Initial _____	I give permission for my child to leave the school building for activities/field trips sponsored by the Tapestry program. Transportation for field trips includes school bus, city bus and staff vehicles.
Initial _____	I give permission for my child to be in photographs and videos that will be used in displays, appear in newspapers, TV, school websites and other media outlets.
Initial _____	I give permission for the Tapestry Program and the school to share information pertaining to my child's immunization records.
Initial _____	I give permission for the Tapestry Program and the school to share information regarding my child. The Tapestry Program may use student data for reporting, grants and other program initiatives. Reporting data will not personally identify students.
Initial _____	I understand it is the parent/guardian's responsibility to make payments to the Tapestry Program for service provided, or to secure child care subsidy, and/or financial aid. I understand that I will be billed for contracted days my child has enrolled in the program.
Initial _____	I understand that legal documents necessary to identify custodial rights or legal guardianship must be provided to the Tapestry Program, if applicable.
Initial _____	I give permission for my child to be signed out of the Tapestry Program for the purpose of attending school activities. At the end of the activity, my child will be signed back into Tapestry.

Name of Parent/Guardian (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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