

2019 ALDRICH SCHOOL SUMMER CAMP ENROLLMENT FORM

All children that are attending Aldrich this school year are eligible to attend 2019 Summer Camp at Aldrich! Children will be grouped by age during the summer camps.



For families new to Aldrich:

- To attend the **3 year old program**, your child must be 3 years old by **June 1, 2019** and have previous group experience.
- To attend the **4 & 5 year old program**, your child must have turned 3 by September 1, 2018 **OR** be **4 by June 1, 2019** and have previous group experience.

To enroll, please complete the enrollment form and return it to the office with the full tuition payment for each registered week. If for some reason you need to disenroll, you must cancel by Friday, April 19th. After April 19th parents must notify the office at least two weeks prior to their first scheduled day in order to receive a 50% refund. **Refunds cannot be given with less than a two week notice.**

* 2019 SUMMER PROGRAM THEMES *

WEEK 1: June 3-6	ART EXPLORATIONS: Learn about and explore different art mediums both indoors and out! Create one-of-a-kind masterpieces to share and display!
WEEK 2: June 10-13	LET IT GROW: Get ready to dig in the dirt at and plant some seeds. Start your garden at Aldrich and take it home to grow all summer!
WEEK 3: June 17-20	UNDER THE SEA: Imagine yourself deep in the ocean. What do you see? Children will learn about fish, turtles, whales and other marine wildlife.
WEEK 4: June 24-27	BACK IN THE DAY: Little historians will explore our past. From churning butter to tie dye, campers will love taking a step back in time.
WEEK 5: July 8-11	CRITTERS & CRAWLERS: Puppies and chickens and bugs, oh my! Join us as we discover the animals and insects around us.
WEEK 6: July 15-18	UP NORTH: Ready to take a trip Up North? Get ready to rough it as we experience the joys of Minnesota nature, wildlife and summer traditions.

* 2019 SUMMER PROGRAM TUITION FEES, DATES, and TIMES *

* Check all boxes that you are registering for *

Monday through Thursday
9:00am-11:30am
\$75/week per child

WEEK 1: ART EXPLORATIONS (June 3 – 6)	
WEEK 2: LET IT GROW (June 10 – 13)	
WEEK 3: UNDER THE SEA (June 17 – 20)	
WEEK 4: BACK IN THE DAY (June 24 – 27)	
WEEK 5: CRITTERS & CRAWLERS (July 8 – 11)	
WEEK 6: UP NORTH (July 15 – 18)	

* CHILD INFORMATION *

CHILD'S NAME (First & Last):			
BIRTHDATE (MM/DD/YY):			
NAME I WANT YOU TO CALL MY CHILD:			
STREET ADDRESS, CITY, STATE & ZIP:			
PRIMARY PHONE #:			
GENDER (Circle One):	MALE / FEMALE	CURRENT CLASS:	
CHILD'S PHYSICIAN:		PHYSICIAN'S PHONE #:	

OFFICE USE ONLY	DATE:		PYMT AMT:		CHECK #:	
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*** PLEASE COMPLETE BACK SIDE ***

Food Allergies: _____

Other Allergies: _____

Food Restrictions: _____

Has your child tried peanut products? YES NO Any reaction? _____

Has your child been stung by a bee? YES NO Reaction? _____

Does your child require an INHALER? YES NO

Does your child require an EPI-PEN? YES NO

Any medications given regularly? YES NO Please name: _____

Any significant medical history? _____

Language spoken in home: _____

Is your child potty trained (not required)? Yes No Comments: _____

Child's previous group experience: _____

Any additional information about your child you feel we should know? _____

Please read the following terms and conditions. By signing below I acknowledge acceptance of these terms and conditions:

- I acknowledge that if my child has special health and/or developmental needs, it is my responsibility to inform the school of such and also of the current services being used. Aldrich, in turn, will inform parents whether special needs can be met.
- I give permission for my child to be included in any pictures and/or videos which may be used at Aldrich or in Aldrich promotional materials, such as newspaper articles, informational brochures, and/or the school website. Any such photography will be done under the supervision of the school staff and the children's names will NOT be included.
- In the case of an emergency, Aldrich will call 911 and attempt to contact me immediately. I give permission to Aldrich School to act in an emergency situation when I cannot be reached or there will be a delay in my arrival.

Signature: _____	Date: _____
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*** PARENT / GUARDIAN INFORMATION ***

PARENT / GUARDIAN 1 (Authorized to Pick-Up)	PARENT / GUARDIAN 2 (Authorized to Pick-Up)
NAME:	NAME:
ADDRESS:	ADDRESS:
HOME PHONE #:	HOME PHONE #:
CELL PHONE #:	CELL PHONE #:
WORK PHONE #:	WORK PHONE #:
EMAIL ADDRESS:	EMAIL ADDRESS:
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:

*** EMERGENCY CONTACTS ***

These must be **LOCAL** contacts, **OTHER THAN PARENTS or GUARDIANS**, who can assume temporary responsibility for your child if you cannot be reached. **Emergency contacts have permission to pick up this child.** State requires a **complete** street address.

EMERGENCY CONTACT 1 (State Requirement)	EMERGENCY CONTACT 1 (State Requirement)
NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE #:	PHONE #: