



Early Ed Summer Registration Form

Please submit separate forms for each sibling – Tuition: \$210 per week unless noted below

Child's Name: _____ **Date of Birth:** _____ **Age:** _____ **Gender** _____

Select weeks your child will attend

☐ June 26th-June 30th ☐ July 5th – 7th (closed 3rd & 4th) \$126 ☐ July 10 – July 14 ☐ July 17 – July 21
☐ July 24 – July 28 ☐ July 31 – Aug 4 ☐ Aug 7 – Aug 11 ☐ Aug 14 – Aug 18

Child's Home Address: _____

Parent/Guardian's Name: _____

Address: _____ **E-mail:** _____

Phone(cell): _____ **OK to text msg? yes / no** **Phone(H/W):** _____

Parent/Guardian's Name: _____

Address: _____ **E-mail:** _____

Phone(cell): _____ **OK to text msg? yes / no** **Phone(H/W):** _____

ADDITIONAL PEOPLE WHO MAY PICK UP MY CHILD(REN) / EMERGENCY CONTACTS

Name: _____ **Relationship:** _____ **Phone:** _____

Address: _____

Name: _____ **Relationship:** _____ **Phone:** _____

Address: _____

MEDICAL INFORMATION

Physician's Name: _____ **Phone:** _____ **Current Medications:** _____

Allergies: _____ **Insurance Company:** _____ **Policy Number:** _____

Dentist's Name: _____ **Phone:** _____

ALLERGIES AND SPECIAL NEEDS

Please list any allergies and/or special needs in the space below. Attach any supportive documentation and/or emergency care plans _____

PICTURE RELEASE

I, **(parent/guardian)** _____ give my permission for **(son/daughter)** _____ to be photographed or videotaped during his/her time at Part 2 After School or Summer Camp. These photographs and videos may be used on our website or publications.

IMMUNIZATION RELEASE

I, **(parent/guardian)** _____ give my permission for the Part 2 staff to access my child's immunization records from the school district's records.

TRANSPORTATION

I, **(parent/guardian)** _____ give my permission for my child to attend off-site field trips and to be transported by school bus driven by district trained and CDL licensed bus drivers.

PARENT/GUARDIAN AUTHORIZATION

I authorize the Part 2 staff to provide emergency medical care and associated transportation that may be involved. I give my permission to contact my child's physician or dentist in an emergency situation.

By signing this document, I give permissions to the above and agree to abide by the policies set forth by the Part 2 after school program and dictated in the "Part 2 Parent Handbook" found at www.part2kids.com.

Signed: _____

Date: _____

Forms and payment can be mailed to Part 2, 125 School St, Richmond, VT 05477, given to Part 2 staff OR scanned and emailed to katie.wortman@cesuvt.org