

# New Morning School - 2018 Summer Class Registration Form

(one registration form per child please)

Child Last Name	Child First Name	Date of Birth
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	Week 1 7/9	Week 2 7/16	Week 3 7/23	Week 4 7/30	Week 5 8/6	Latchkey**		Cost Per Class	Total Due
Discovery Days* 9:00 - 10:30 AM	<input type="checkbox"/> 1A	<input type="checkbox"/> 2A	<input type="checkbox"/> 3A	<input type="checkbox"/> 4A	<input type="checkbox"/> 5A	n/a	n/a	\$48	
Discovery Days* 11:00 AM - 12:30 PM	<input type="checkbox"/> 1B	<input type="checkbox"/> 2B	<input type="checkbox"/> 3B	<input type="checkbox"/> 4B	<input type="checkbox"/> 5B	n/a	n/a	\$48	
Jr. Explorer Science Camp 9:00 AM - noon		<input type="checkbox"/> Camp 2C		<input type="checkbox"/> Camp 4C		<input type="checkbox"/> 7:30 - 9:00 AM	n/a	\$95	
Science Camp <b>HALF DAY</b> 9:00 AM - noon	<input type="checkbox"/> 1D	<input type="checkbox"/> 2D	<input type="checkbox"/> 3D	<input type="checkbox"/> 4D	<input type="checkbox"/> 5D	<input type="checkbox"/> 7:30 - 9:00 AM	n/a	\$105	
Science Camp <b>FULL DAY</b> 9:00 AM - 3:00 PM	<input type="checkbox"/> 1D	<input type="checkbox"/> 2D	<input type="checkbox"/> 3D	<input type="checkbox"/> 4D	<input type="checkbox"/> 5D	<input type="checkbox"/> 7:30 - 9:00 AM	<input type="checkbox"/> 3:00 - 6:00 PM	\$190	

\* Must be toilet trained. Cannot attend food-related classes if child has a food allergy.

\*\* Latchkey charges will be billed at the end of each week at \$5 per hour.

Science Camp Field Trip Fee	Camp 1	\$15
	Camp 3	\$15
	Camp 4	\$15
<b>CLASS COST</b>		
TOTAL CLASS COST with 10% discount (if paid by May 15)		
T-shirt	<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS	_____ x \$8
<b>GRAND TOTAL</b>		

Date of Payment	Payment Method	Amount Paid	Name on Card	Card Number	Exp. Date	C.V.V.#	Signature
	<input type="checkbox"/> Cash <input type="checkbox"/> Check# _____ <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx						
	<input type="checkbox"/> Cash <input type="checkbox"/> Check# _____ <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx						

*If fees exceed \$350, a 50% deposit may be paid with registration and the balance by June 1, 2017; otherwise 100% due at registration. Class fees are **NONREFUNDABLE** unless we are unable to accept your child. You will be notified if a class is full. Completed registration with credit card payment may be faxed to 734-420-0324. Check payments may be mailed or brought to the school.*

<b>EMERGENCY INFORMATION</b>	Mother	Home Phone	Cell Phone	Email address	
	Father	Home Phone	Cell Phone	Email address	
	Home address			City	Zip
	Other Emergency/Pick-up Contact Name		Home Phone	Cell Phone	Relationship
	Physician Name		Physician Phone		Physician Address
	Health Insurance Name		Health Insurance Number		Date of Last Tetanus Shot
	Medications Taken/Purpose			Physical Impairments	
	Allergies		EpiPen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Pertinent Medical Facts

I hereby declare that I am the parent/legal guardian of the child named above who is enrolled at the New Morning School. I hereby give my consent, in the event that all reasonable attempts to contact me or the child's other parent or guardian named above have been unsuccessful, for:

- (1) The administration of any treatment deemed necessary by the physician I have name above, or, in the event that the preferred practitioner is not available, by another licensed physician or dentist, and
- (2) Transfer of the child, to \_\_\_\_\_ Hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery. I hereby release and discharge the New Morning School, its agent, employees, and officers, from all claims, demands, damages, actions, causes of action or suits of any kind or nature named above may suffer or incur as a result of the actions of the New Morning School in procuring medical treatment. In consideration of permission granted the child named above to participate in all school-related activities and to be taken on all field trips which are a regular or special part of the curriculum at New Morning School, I hereby release and discharge the New Morning School, its agent, employees, and officers, from all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which the undersigned ever had, now has, or may ever have against the New Morning School, its successors or assigns, for all personal injuries, known or unknown, and injuries to personal property, caused by or arising out of, the above-mentioned field trips and activities. This consent and release of claims will be in effect throughout my child's stay at New Morning School.

**I give permission for my child's photograph and name to be used for information and publicity purposes (internet use without names)**

I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this release at (city) \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_