

# GVS 2017 Summer Program Registration Form

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Parents' Names: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Please indicate the weeks you would like your child to attend.**

### Weeks #1 - #10 (Monday – Friday)

- \_\_\_\_ Full Day: 8:30am – 3:00pm                      \$180/week (\$36 per day)
- \_\_\_\_ Half-day: 8:30am – 11:30pm                      \$145/week (\$29 per day)
- \_\_\_\_ Extra-care: 7:30 – 8:15am, 3:00-5:30pm                      \$50/week (\$10 per day)

Week	Dates:	Tuition:	+	Extra-care	=	Total
1	6/12/17 – 6/16/17	\$ _____	+	\$ _____	=	\$ _____
2	6/19/17 – 6/23/17	\$ _____	+	\$ _____	=	\$ _____
3	6/26/17 – 6/30/17	\$ _____	+	\$ _____	=	\$ _____
4	7/3/17 – 7/7/17	\$ _____	+	\$ _____	=	\$ _____
5	7/10/17 – 7/14/17	\$ _____	+	\$ _____	=	\$ _____
6	7/17/17 – 7/21/17	\$ _____	+	\$ _____	=	\$ _____
7	7/24/17 – 7/28/17	\$ _____	+	\$ _____	=	\$ _____
8	7/31/17 – 8/04/17	\$ _____	+	\$ _____	=	\$ _____
9	8/07/17 – 8/11/17	\$ _____	+	\$ _____	=	\$ _____
10	8/14/17 – 8/18/17	\$ _____	+	\$ _____	=	\$ _____
Total		\$ _____	+	\$ _____	=	\$ _____

**Please make checks payable to GVS and mail to:**

**Green Valley School  
389 Pembroke Street  
Pembroke, NH 03275 (603) 485-8550  
office@greenvalleyschool.com**

# Emergency Form

CHILD'S FULL LEGAL NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(Billing correspondence will be mailed to this address unless GVS is instructed differently.)

DATE OF BIRTH: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

PLEASE LIST ALLERGIES/HEALTH CONCERNS: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

DOCTOR'S ADDRESS: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ PARENT'S NAME: \_\_\_\_\_

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

CELL PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Place of business: \_\_\_\_\_ Place of business: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**Friend(s)/neighbor(s) name, address & phone** (at least one person who will assume responsibility of your child if for any reason the parent(s) cannot be reached immediately in an emergency):

\_\_\_\_\_

Names, addresses, phone numbers of any person other than parents **authorized** to remove child from Green Valley School:

\_\_\_\_\_

\_\_\_\_\_

## MEDICAL RELEASE

CHILD'S NAME: \_\_\_\_\_

IN THE EVENT OF AN ACCIDENT OR THE ILLNESS OF MY CHILD WHILE UNDER THE CARE OF GREEN VALLEY SCHOOL, I THE UNDERSIGNED, HEREBY GIVE MY CONSENT TO PROVIDE EMERGENCY CARE AND/OR TREATMENT THROUGH A CLINIC, HOSPITAL, OR PRIVATE DOCTOR. THIS AGREEMENT SHALL CONTINUE AS LONG AS THE ABOVE NAMED CHILD IS ENROLLED IN THIS FACILITY. I ALSO UNDERSTAND THAT THIS MEDICAL RELEASE WILL ONLY BE USED IN A SITUATION IN WHICH THE PARENT CANNOT BE REACHED.

PARENT'S SIGNATURE: \_\_\_\_\_

## FIELD TRIP AUTHORIZATION

I HEREBY GIVE PERMISSION FOR MY CHILD TO TAKE PART IN ALL SCHOOL ACTIVITIES INCLUDING FIELD TRIPS, WALKING TRIPS OR ATHLETIC EVENTS AWAY FROM THE SCHOOL PREMISES. I ALSO UNDERSTAND THAT PARENTS WILL BE NOTIFIED OF ANY FIELD TRIPS OUTSIDE CONCORD, NH.

PARENT'S SIGNATURE: \_\_\_\_\_