

GVS 2018 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	6/11/18 – 6/15/18	\$ _____	+	\$ _____	=	\$ _____
2	6/18/18 – 6/22/18	\$ _____	+	\$ _____	=	\$ _____
3	6/25/18 – 6/29/18	\$ _____	+	\$ _____	=	\$ _____
4	7/2/18 – 7/6/18	\$ _____	+	\$ _____	=	\$ _____
5	7/9/18 – 7/13/18	\$ _____	+	\$ _____	=	\$ _____
6	7/16/18 – 7/20/18	\$ _____	+	\$ _____	=	\$ _____
7	7/23/18 – 7/27/18	\$ _____	+	\$ _____	=	\$ _____
8	7/30/18 – 8/3/18	\$ _____	+	\$ _____	=	\$ _____
9	8/6/18 – 8/10/18	\$ _____	+	\$ _____	=	\$ _____
10	8/13/18 – 8/17/18	\$ _____	+	\$ _____	=	\$ _____
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: _____