

# FRIENDS ACADEMY SUMMER TODDLER PROGRAM ENROLLMENT FORM

Please fill in all information. Home, work and cell phone numbers and emergency contact information are essential. Please review your form for omissions. It is important we receive your e-mail address to receive FA correspondence. Sign and date bottom of this form.

SUMMER PROGRAM

**June 27 to August 19, 2016**

*(Closed July 5th)*

CHILD INFORMATION:

LAST NAME

FIRST NAME

DATE OF BIRTH

AGE ON 7/1/2016

STREET ADDRESS

TOWN

ZIP CODE

HOME PHONE

PHYSICIAN NAME/

OFFICE PHONE

*(Refer to the Summer 2016 Rate Sheet for Program Fees)*

**SESSION SELECTION - Mini day or Full day options:**

5 Days Mini Day Session -9:00 am to 1:00 pm  5 Days Full Day Session- 9:00 am to 4:00 pm

3 Days Mini Day Session -9:00 am to 1:00 pm  3 Days Full Day Session- 9:00 am to 4:00 pm

**WEEK SELECTION: (A minimal 4 week program is required)**

4 Week Program  6 Week Program  8 Week Program

**NOTE: Full payment is required in advance in order to start the summer program.**

*There will be no refunds due to vacation, illness, injury or for any other time missed from the camp session enrolled.*

**PARENT/GUARDIAN INFORMATION 1:**

LAST NAME

FIRST NAME

STREET ADDRESS

*(Complete only if different from child)*

TOWN

ZIP CODE

HOME PHONE

CELL PHONE

E-MAIL ADDRESS

OCCUPATION

WORK ADDRESS

WORK PHONE

**PARENT/GUARDIAN INFORMATION 2:**

LAST NAME

FIRST NAME

STREET ADDRESS

*(Complete only if different from child)*

TOWN

ZIP CODE

HOME PHONE

CELL PHONE

E-MAIL ADDRESS

OCCUPATION

WORK ADDRESS

WORK PHONE

**PARENTS STATUS**

*(M=Married, S=Single, D=Divorced)*

If Divorced, who has  
legal custody?

May the non custodial  
parent pick up child?

*(Y= Yes, N= No)*

**EMERGENCY CONTACT:**

NAME

STREET ADDRESS

TOWN

HOME PHONE

WORK PHONE

CELL PHONE

**The Child will be released ONLY to the parents/guardians specified on this enrollment form, and the following person(s):**

NAME

STREET ADDRESS

TOWN

PHONE

NAME

STREET ADDRESS

TOWN

PHONE

**ADDITIONAL COMMENTS:**

**\*Print and Fax Enrollment Form to the Business Office at 516-465-1723. You will be contacted upon receipt. Questions/Inquiries can be directed to:**

**Vicky Schultz      516-465-1715      Program Director**  
*E-mail*      [Victoria\\_Schultz@fa.org](mailto:Victoria_Schultz@fa.org)

**I (we) agree to pay the program rate and to the terms of enrollment:**

**Parent Signature (1):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature (2):** \_\_\_\_\_ **Date:** \_\_\_\_\_