

FRIENDS ACADEMY SUMMER 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 **July 1, 2019 to August 16, 2019**
(Closed July 4th)

CHILD INFORMATION:

LAST NAME

FIRST NAME

DATE OF BIRTH

AGE ON 7/1/2019

STREET ADDRESS

TOWN

ZIP CODE

HOME PHONE

PHYSICIAN NAME/

OFFICE PHONE

(Refer to the Summer 2019 Rate Sheet for Program Fees)

SESSION SELECTION - MINI OR FULL DAY OPTIONS:

- 5 Days Mini Day Session -9:00 am to 12:30 pm 5 Days Full Day Session- 9:00 am to 4:00 pm
 3 Days Mini Day Session -9:00 am to 12:30 pm 3 Days Full Day Session- 9:00 am to 4:00 pm

WEEK SELECTION-CHECK INDIVIDUAL WEEKS YOUR CHILD WILL ATTEND:

- 4 WEEK SELECTION (MON 7/8-FRI 8/2) 2 WEEK SELECTION (must be 2 consecutive wks)
 5 WEEK SELECTION (MON 7/1-FRI 8/2) _____(SPECIFY DATES)
 6 WEEK SELECTION (MON 7/8-FRI 8/2) 7 WEEK SELECTION (MON 7/1-FRI 8/16-full 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 reason time is missed from the camp.

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	<input type="text"/>
STREET ADDRESS	<input type="text"/>
TOWN	<input type="text"/>
HOME PHONE	<input type="text"/>
WORK PHONE	<input type="text"/>
CELL PHONE	<input type="text"/>

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

NAME	<input type="text"/>
STREET ADDRESS	<input type="text"/>
TOWN	<input type="text"/>
PHONE	<input type="text"/>
NAME	<input type="text"/>
STREET ADDRESS	<input type="text"/>
TOWN	<input type="text"/>
PHONE	<input type="text"/>

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:**

Karen Galvin	516-676-0393	Program Director
Vicky Schultz	516-676-0393	Program Asst. Director
<i>E-Mail</i>	Karen_Galvin@fa.org	
<i>E-Mail</i>	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:** _____