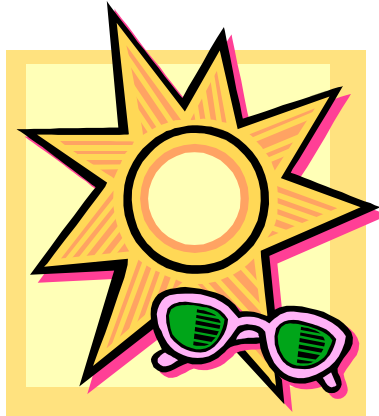


Summer Camp 2018



Windham Cooperative

Kindergarten & Nursery School

12 Industrial Drive

Windham, New Hampshire 03087

603-893-3069

www.windhamcoop.org

info@windhamcoop.org

Programs Offered:

June 6-20, July 24-26, August 14-16, Aug. 22-23

Wacky Wednesdays:

June 27, July 11 & 18, August 1 & 8

Movie Nights:

June 22, July 20, August 17

Summer Camp 2018

Registration Form

Windham Cooperative Kindergarten & Nursery School

This form is to be used to register ONE student. Additional forms are available in the WCK office. Registration is on a first come, first served basis.

Important Dates:

Wednesday, April 11, 2018: Registration is open to all students who meet the requirements (2.9 years old and potty trained).

Friday, June 1, 2018: Registrations will continue to be taken after this date as space allows. There will be a \$10.00 late fee.

Please complete the following information:

- Student's Name: _____ DOB _____
- Parents' Names: _____
- Street: _____
- Town: _____ State: _____
- Phone: _____ Email: _____
- Emergency Number: _____
- Allergies: _____

Name of course	Date(s)	Cost (including fees)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
Lunch Bunch (\$3.00 per day)		
Check #:	Total Cost:	

To Register: Fill in the form above along with the Medical Emergency Form (see the back of this page). Enclose FULL payment; please include camp fee, materials fee and lunch bunch fee if applicable. Please make checks payable to Windham Cooperative Kindergarten and Nursery School. Payment is non-refundable unless the course is cancelled.

Return registration forms to: Please return completed forms and payment to the drop box located in the WCK lobby or mail to: Windham Cooperative Kindergarten and Nursery School, Summer Camp 2018, PO Box 250, Windham, New Hampshire 03087.

Dear Parents,

We are looking forward to your child participating in Windham Cooperative Kindergarten & Nursery School's Summer Camp. We strive to meet high safety standards in every school activity. However, we remind you that participating in any activity has some risk of harm involved in the normal course of play.

If your child has a medical condition or other problems, you must relay this information to the teaching staff as we are relying on you for this information, which will be kept confidential.

You must understand the school cannot ensure safety for students. The school's obligation is to take reasonable precautions for safety and well being. Accidents do occur. In addition, your child also has a responsibility for his/her safety and the safety of others.

In order for your child to participate in this camp, you must sign an agreement which gives your consent for your child to participate, and acknowledges that you have been warned that there are risks of injury involved. This agreement does not preclude your child from making a claim against the school or its employees if there has been a failure to meet a reasonable standard of care that results in physical harm to your child, and the school is proven negligent.

If you have any questions about the activity in which your child wants to participate or about the agreement that is to be signed and returned, please contact Patti Michal or Debbie Bois, so you can make an informed decision. Please sign the consent form if you agree that your child may participate and return the form with your Child's Summer Camp registration.

Acknowledgment of Warning and Consent Agreement

I/We acknowledge, _____ am/are the parent(s) or guardian(s) of _____ a minor who desires to participate in the school sponsored summer activity: _____

_____ I/We acknowledge that I/We have been informed as to the nature of the activity. The school cannot assume the responsibility for spontaneous, unforeseeable injuries that could not have been prevented by reasonable care. I/We acknowledge that I/We must provide the school staff with medical or other important information that I/we feel the school should know about our child. This information must be kept confidential.

I/We acknowledge my/our child must adhere to all the rules, regulations and instructions pertaining to the safety and protection of the participants and that failure to comply could exclude my/our child from participation in this activity.

I/We acknowledge and understand the risks and requirements for my/our child to participate in this school sponsored activity. I/we consent to my/our child's participation.

Student's Name _____	Home Address _____
Phone _____	Date of Birth _____
Parent _____	Parent _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Address _____	Address _____
Other Emergency Contact _____	Phone _____
Family Doctor _____	Phone _____
Food or drug allergies _____	
Other Allergies _____	
Date of last tetanus shot _____	Present medications _____
Chronic medical problems/items of concern _____	

Parental Authorization

In case of medical emergency, in the event I cannot be reached, I authorize Windham Cooperative Kindergarten & Nursery School, its agents, employees and other officers to procure and consent to any medical examination, diagnostic process or course of treatment, including hospital care, to be rendered to my child by or under the supervision of any duly licensed doctor, dentist, surgeon, or other health care provider.

Date _____ Parent/Guardian _____
Health Insurance Company _____ Policy # _____