

The Teddy Bear Club - Le Club Nounours

SUMMER PROGRAM APPLICATION

2007

Date: _____

For Camp Use Only:

Date Application Received: _____

Date of Admission: _____

Age at Admission: _____

Child Information

Child's First Name: _____ **Child's Last Name:** _____

Date of Birth: _____ Place of Birth _____ Age on June 1st, 07 (yrs./mos.): _____

Home Address: _____ City _____ Zip _____

Telephone: (_____) _____ Primary Language: _____

Identifying Information: _____ Past French Experience: _____

Eye Color: _____ Hair Color: _____ Sex: _____

Height: _____ Weight: _____ Race: _____

Identifying Marks: _____ Allergies: _____

Parent Information

Father's Name: _____ **Mother's Name:** _____

If deceased, when: _____ If deceased, when: _____

Home Address: _____ Home Address: _____

City _____ Zip _____ City _____ Zip _____

Telephone: (_____) _____ Telephone: (_____) _____

Occupation: _____ Occupation: _____

Title or Position: _____ Title or Position: _____

Name of Company: _____ Name of Company: _____

Address: _____ Address: _____

City _____ Zip _____ City _____ Zip _____

Telephone: (_____) _____ Telephone: (_____) _____

Cellular Phone: (_____) _____ Cellular Phone: (_____) _____

Pager: (_____) _____ Pager: (_____) _____

e-mail: _____ e-mail: _____

Program Enrollment

Please place a ✓ in the boxes below to indicate the session(s) for which you wish to enroll your child.

	<u>Session 1</u>	<u>Session 2</u>	<u>Session 3</u>
Morning Session			
Afternoon Session			
Full-Day Session*			

**Please note that our full-day session is only available to children ages 3 and up*

Please check this box if you wish to sign up for Early Drop-off

Once your choice has been made, please remember to write your choice of sessions on your calendar.

Enrollment Agreement

Must be signed by parent or guardian

- ⊕ The required deposit of \$400 is enclosed and I agree to pay the balance of the summer program tuition on or before April 15th.
- ⊕ I understand that my child may not attend unless The Teddy Bear Club receives a completed Health Form by June 1st.
- ⊕ I understand and accept The Teddy Bear Club policies concerning non-refundable deposits and non-refundable tuition as well as terms of enrollment described in The Teddy Bear Club Summer Program brochure.
- ⊕ I understand that once an application is accepted by The Teddy Bear Club, no funds or transfer of funds will be made for withdrawal, dismissal, failure to attend or incomplete attendance.
- ⊕ I understand that The Teddy Bear Club may cancel my child's reservation if the full balance of the tuition has not been received by April 15th.

Name of parent or guardian: _____

Signature: _____ **Date:** _____

Please mail completed application and deposit check to:

The Teddy Bear Club Summer Program
 1466 Commonwealth Avenue
 Newton, MA 02465