



Located at: 802 Ponus Ridge, New Canaan, CT 06840
Mailing Address: P.O. Box 4718, Stamford, CT 06907
Phone: 203-966-2937 • Fax: 203-966-2325 • Email: info@campplayland.com
www.campplaylandofnewcanaan.com • www.playlandnurseryschool.com



SUMMER WARM-UP FOR PRESCHOOLERS @ PLAYLAND 2018

3 WEEKS - TUESDAY, MAY 29TH - FRIDAY, JUNE 15TH
MONDAY-FRIDAY, 9:00 AM - 2:00 PM
TUITION - \$2,625.00

Name _____
First Middle Last

Birthdate _____ Male/Female _____ Home Phone _____

Home Address _____
Street Town Zip

Parent/Guardian 1 _____

Home Phone _____ Cell Phone _____

Email _____

Parent/Guardian 2 _____

Home Phone _____ Cell Phone _____

Email _____

A non-refundable deposit of \$500.00 per child must accompany this application. This amount is applicable to the tuition. Balance of the tuition is due on April 15, 2018.

TURN OVER TO COMPLETE



TERMS OF AGREEMENT

1. I understand that the \$500.00 deposit will be paid upon enrollment and my full balance is due April 15, 2018.
2. Deposits will be refunded due to cancellation prior to April 15, 2018. After April 15, 2018, no tuition will be refunded.
3. It is understood that no credit will be given for program closings, absences, family vacations or withdrawals.
4. Playland reserves the right to terminate a child's enrollment for any reason pertaining to the safety and welfare of all children.
5. I understand that a current HEALTH FORM filled out by my physician and an EMERGENCY CONTACT & INFORMATION FORM must be on file prior to the start of the program. These may be downloaded at any time from the website. Up-to-date forms currently on file in the Playland Office will suffice.
6. I hereby give permission for my child to participate in all program activities.
7. I hereby give permission for Playland to pursue any emergency measures.
8. Playland does not provide accident or health insurance for attendees.
9. I hereby give permission for photographs and video to be taken of my child and used for promotional uses, including but not limited to, brochures, website, advertisement and/or social media.

Please sign and date below. Your signature indicates that you have read and agree to the above "Terms of Agreement".

Parent/Guardian Signature _____ Date _____

In order to best serve your child, please share any and all information that would be helpful to us; i.e. strengths, weaknesses, special needs, social concerns (does your child receive support services or private counseling?), allergies and medical issues:

School child attends (if not Playland Nursery school): _____
