

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.campplayland.com • www.playlandnurseryschool.com

## SUMMER WARM-UP FOR PRESCHOOLERS 2020

3 WEEKS – TUESDAY, MAY 26 <sup>TH</sup> – FRIDAY, JUNE 12 <sup>TH</sup>				
FULL DAY TUITION		SHORT DAY TUITION	Enroll Before January 15 <sup>th</sup>	
9:00 a.m 2:00 p.m.		9:00 a.m 12:00 p.m.	10% Early Bird Savings	
\$2,750.00		\$2,250.00		
Camper 1				
	First	Last	Male/Female	Birthdate
Camper 2				
	First	Last	Male/Female	Birthdate
Camper 3	First	Last	Male/Female	Birthdate
If your camper(s) do not attend Playland Nursery School, please complete the following:				
Home Address		Street	Town	Zip
Parent/Guardian 1				
Home Phone	Cell Phone		Business Phone	
Email				
Parent/Guardian 2				
Home Phone	(	Cell PhoneE	Business Phone	
Email				
Live-in or Regular Sitters authorized to pick up your child:				
Name			Phone	
Name			Phone	
Emergency Contacts/People Authorized to pick up your child:				
Name			Phone	
Name			Phone	

Tuition is due on March 1, 2020. Tuition includes a camp t-shirt, one special lunch per week, swim lessons, archery, boating, fishing, athletics, zip-line, mini-golf, art, music and more.

TURN OVER TO COMPLETE

## TERMS OF AGREEMENT

- 1. I understand that my full balance is due March 1, 2020.
- 2. After March 1, 2020, 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 HEALTH FORM (dated within 36 months) completed by my physician must be on file before my child(ren) can attend.
- 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\_\_\_\_\_

School child(ren) attend \_\_\_\_\_

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: