



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 2021

<b>2 WEEKS - MONDAY, JUNE 7<sup>th</sup> - FRIDAY, JUNE 18<sup>th</sup></b>	
<b>FULL DAY TUITION</b>	<b>SHORT DAY TUITION</b>
9:00 a.m. - 2:00 p.m.	9:00 a.m. - 12:00 p.m.
<b>\$1,450.00</b>	<b>\$1,200.00</b>

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 Phone \_\_\_\_\_ 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 upon enrollment. 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.

## TERMS OF AGREEMENT

1. I understand that my full balance is due upon enrollment.
2. After April 1, 2021, 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. allergies, medical issues, strengths, weaknesses, special needs, social concerns (does your child receive support services or private counseling)?

---

---

---

---

---

---

---

---

---

---

---