

THE GRAMMAR SCHOOL SUMMER PROGRAM
2010
REGISTRATION/HEALTH FORM


The Grammar School
69 Hickory Ridge Rd. South Putney, VT 05346
www.thegrammarschool.org • (802) 387-5364

_____	_____	_____
<i>name of child</i>	<i>current grade</i>	<i>current age</i>
_____	_____	_____
<i>name of parent or guardian</i>	<i>work phone</i>	<i>e-mail address</i>
_____	_____	
<i>street address or PO box</i>	<i>home phone</i>	
_____	_____	_____
<i>town</i>	<i>state, ZIP</i>	<i>cell phone (if applicable)</i>

Academic Tutoring Available: \$45 per hour (subject(s) _____)

Fee per 10 day session is \$560. Student staying until 1:30 is \$420. Half-day student is \$280.

Tuition Worksheet Session One (June 21 to July 2) _____ Session Two (July 5 to July 16) _____

Please fill out total even if you are applying for financial aid.

Total _____

To register, please mail this form with a non-refundable \$60 enrollment deposit or full payment to:

The Grammar School Summer Program / 69 Hickory Ridge Road South / Putney, VT 05346

Tuition may be paid in installments before the start of camp. Tuition is refundable only before June 7, 2009. Class choices will be confirmed by June 14 (Session 1) and June 28 (session 2). Please e-mail William Chambers at wchamber@thegrammarschool.org or call (802) 387-5364 with questions. This program is an opportunity for children to explore in a joyful, supportive environment. Due to the nature and short term of the program, we reserve the right to ask a child who is repeatedly disruptive to leave without refund. Limited Financial Aid is available; please contact William Chambers for an application at 802-387-5364.

HEALTH INFORMATION

Your Child's Weight _____ Is there anything we should know about your child?

Is your child allergic to bee stings? no yes If you would like a staff member to administer an injection in case of a bee sting, be certain to provide written permission, instructions, and a supply of unexpired medication.

As a parent/guardian of a minor participant in The Grammar School Summer Program, I hereby Indemnify and Hold Harmless The Grammar School, its Trustees, instructors and employees for all awards, legal fees, expenses, or settlements arising out of the child's participation in The Summer Program. I certify that my child is in good physical health, and may participate in strenuous activities during which injury is possible.

_____ _____
signature of parent or guardian *date*

Emergency Care Request: It is school practice to call 911 and parents in case of emergency.

In the event of an emergency requiring medical treatment, I give my permission for
to be treated at Brattleboro Memorial Hospital.
