

# Our Redeemer's 2017 Summer Fun Program

For ages 3 (by December 1, 2017 - 6 years (entering grade 1)  
2025 Washington Avenue Seaford, NY 11783  
516-781-7637 orschool@optonline.net

NAME OF CHILD \_\_\_\_\_ M / F D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First)

HOME PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

Choose Child's T-Shirt Size \_\_\_\_\_ youth x-small (size 2-4) \_\_\_\_\_ youth small (size 4-6) \*Shirts run big!

## PARENT INFORMATION

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Work # \_\_\_\_\_ Father's Work # \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

**Enrollment is on a first-come basis. Space is limited!**

**Enrollment form and your \$30.00 non-refundable registration fee payable to  
Our Redeemer Nursery School must be received to hold your place.**

You may include full tuition payment at this time. Full tuition payment is due by June 9.

**\*No refunds for missed days, weeks or leaving the program.**

**10% sibling discount for 2<sup>nd</sup> or 3<sup>rd</sup> child.**

## Days & Hours

**Tuesday, Wednesday, Thursday 9:30 a.m. - 12:00 p.m.**

\_\_\_\_\_ **Full Five Week Session - July 11<sup>th</sup> - August 10<sup>th</sup> \$485 Plus \$30 Registration Fee (\$515)**

\_\_\_\_\_ **Choice of Weeks - \$105 Per Week Plus \$30 Registration Fee**

_____ Week 1: Math Mania	July 11, 12, 13
_____ Week 2: Super Scientists	July 18, 19, 20
_____ Week 3: Wild Safari Camping	July 25, 26, 27
_____ Week 4: Arctic Adventure	Aug 1, 2, 3
_____ Week 5: Under the Sea	Aug. 8, 9, 10

**\*Please read and complete the reverse side of this form.**

\*A current medical exam, record of immunizations and health history are all required prior to attending the program. After your child has been enrolled, you will receive a medical form. **The most current medical exam needs to have been completed between August 11, 2016 and July 10, 2017.** Please complete the medical form and return by July 11<sup>th</sup>.

\*I have read the terms of the program regarding payment, choice of weeks, refund and medical exam policy.

X \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature

**\*ALLERGIES** \_\_\_\_\_

**EMERGENCY CONTACTS OTHER THAN PARENTS. Parents are always called first.**

1) EMERGENCY CONTACT NAME \_\_\_\_\_ Relationship \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

2) EMERGENCY CONTACT NAME \_\_\_\_\_ Relationship \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

\*I give my consent that emergency treatment be rendered at a local facility to my child in case of an injury or illness in the event that I cannot be reached. I also give permission to the emergency contact persons noted on this form and further permit them to remove my child from the school if I am unavailable.

X \_\_\_\_\_ Date \_\_\_\_\_  
parent/guardian's signature

**\*CODE WORD** \_\_\_\_\_

**\*For safety reasons, in the event that you are unable to pick up your child, the teacher will only release your child to a person who gives us the codeword you have provided above.**

\*Permission to place child's home address and phone number on a class list for class distribution? YES NO

\*Permission to use child's photo for school publicity (no names associated with photos) for local newspapers, ie South Bay & Herald. YES NO

\*Permission to use child's photo for school publicity (no names associated with photos) for ORNS website and Facebook pages. YES NO

\*\*\*\*\*

***For office Use Only***

Approved \_\_\_\_\_ Date \_\_\_\_\_ Church Windows \_\_\_\_\_

Registration Fee Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Balance Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

**2<sup>nd</sup> or 3<sup>rd</sup> Child Discount 10%** \_\_\_\_\_