



New Garden Friends School Summer Program Registration Form

Child's Full Name _____ Name they go by _____

Age _____ Birth date _____ Gender _____

Last School Attended _____ Last Grade Completed _____

Parent(s)/Guardian(s) _____

Home Address _____ **Phone Home** (____)-_____

Street _____ **Work** (____)-_____

City/Zip Code _____ **Mobile** (____)-_____

Email address: _____

I wish to enroll my child in the following session(s): (Check applicable sessions)

A Pre-School Summer Session: _____ **June 14-18** (9am-12pm)

Summer Adventures:

- _____ Session 1 **June 14-18** *Knights & Castles*
- _____ Session 2 **June 21-25** *Strange Sightings & Legends*
- _____ Session 3 **June 28-July 2** *Superheroes*
- _____ Session 4 **July 12-16** *Carpentry & Architecture*
- _____ Session 5 **July 19-23** *Mad Scientists & Crazy Inventors*
- _____ Session 6 **July 26-30** *Space Adventures*
- _____ Session 7 **August 2-6** *Pyramids & Mummies*
- _____ Session 8 **August 9-13** *Pirates*

Middle School Electives:

- _____ Elective **June 14-18** *Digital Photo Safari*
- _____ Elective **June 21-25** *Geocaching*
- _____ Elective **June 28-July 2** *Goofing Off In The Woods*
- _____ Elective **June 28-July 2** *Weird Science*
- _____ Elective **July 12-16** *Lights, Camera, Action!*
- _____ Elective **July 19-23** *Studio Crafts*
- _____ Elective **July 26-30** *Goofing Off In Greensboro*
- _____ Elective **August 2-6** *BAM! Middle School Cooking*
- _____ Elective **August 9-13** *School of Rock*

Extended Care Needed: Full time _____ Part time _____ No time _____

Free Summer Program T-Shirt: Please circle size for your child: YS YM YL AS AM AL AXL
(Youth) (Adult)

Please make checks payable to: *New Garden Friends School*

Don't forget to fill out the Medical Information form on the reverse side of this page. Once you have sent this in, you will receive a confirmation letter verifying the session(s) you will attend.

NGFS Summer Program Medical Information & Permission Form

Permission is hereby granted for my child _____

- To participate in all of the activities of the summer program and use all of the educational and play equipment of the school and to leave the school premises on field trips in the school buses.
- To be included in pictures connected with Summer Program.

Permission is hereby granted for Summer Program staff members to take my child to an emergency room or nearby physician for treatment in case of illness or injury. It is understood that the Summer Program staff will make every effort to contact the parent(s)/guardian(s) of the child or their contact person should they be unavailable. Summer Program staff will also attempt to contact the family physician.

Permission is hereby granted for Summer Program staff members to administer the medications checked off below without having to notify the parent(s)/guardian(s):

_____ Acetaminophen	_____ Ibuprofen
_____ Benadryl	_____ Cough suppressant
_____ Stomach medication	_____ Other (specify) _____

Family Physician _____ Phone _____

Dentist _____ Phone _____

Insurance Carrier _____ Policy # _____

Hospital preference when available _____

Please list and describe any allergies, conditions or behavioral needs your child may have and what, if any, medications they will be taking while at Summer Program. All medications will be administered by NGFS Summer Program staff.

As a Quaker school, NGFS seeks to promote honesty, integrity and a sense of safety; therefore, if any student enrolled in our Summer Program cannot adhere to these values, they will be removed from the program without refund. Signing below verifies that you as parent(s)/guardian(s), understand this policy of conduct and will comply with these provisions.

Parent/Guardian Signature _____ Date _____