

## FIVE EASY STEPS TO A GREAT SUMMER!

**1. Read the program descriptions.**

Call or email the Director if you have questions or need help making a selection.

**2. Write your selections here:**

June 25-29      Activity \_\_\_\_\_ Fee \_\_\_\_\_ + PM fee\* \_\_\_\_\_ = \$ \_\_\_\_\_

July 2-6      Activity \_\_\_\_\_ Fee \_\_\_\_\_ + PM fee\* \_\_\_\_\_ = \$ \_\_\_\_\_

July 9-13      Activity \_\_\_\_\_ Fee \_\_\_\_\_ + PM fee\* \_\_\_\_\_ = \$ \_\_\_\_\_

July 16-20      Activity \_\_\_\_\_ Fee \_\_\_\_\_ + PM fee\* \_\_\_\_\_ = \$ \_\_\_\_\_

July 23-27      Activity \_\_\_\_\_ Fee \_\_\_\_\_ + PM fee\* \_\_\_\_\_ = \$ \_\_\_\_\_

July 30-Aug. 3      Activity \_\_\_\_\_ Fee \_\_\_\_\_ + PM fee\* \_\_\_\_\_ = \$ \_\_\_\_\_

\* if applicable

**3. Fill out the application below: (Please Print)**

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade in September \_\_\_\_\_ Present School \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Relationship of emergency contact to child \_\_\_\_\_

IMPORTANT:  Check here if the applicant has any medical problems. Please explain on the back of this form.

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

**NOTE: all participants must submit a copy of a camp medical exam, signed and dated by a physician, including immunization information. This must be updated every three years. Your physician can supply this form or you can request one from us.**

**4. Sign. Give Permission. Pay.**

\_\_\_\_\_ I have enclosed a week's tuition as a deposit. This deposit is non-refundable.

\_\_\_\_\_ I have read the terms and conditions on page 1.

**All fees are payable prior to the beginning of each course.**

I give permission for my child to travel with his/her group during the summer of 2007.  Yes  No

I give permission for my child's photographs and/or name to be used for school-generated publicity during his/her enrollment at The Foote School.  Yes  No

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**5. Mail this form to:**

Foote School Summer Program  
50 Loomis Place, New Haven, CT 06511

**OnLine Registration:** You may register at [www.footeschool.org/cocurricular/summer.html](http://www.footeschool.org/cocurricular/summer.html), BUT deposit and signature must be received in the Summer Program Office for registration to be finalized.