



# Summer Program Enrollment Form – 2010

## For Former and Non-Bixby Students

Child's Name <i>Please complete form PER child.</i>		Child's 2010-11 Grade Level	Child's Birthdate
<b>Parent/Guardian Information (1)</b>			
Name		Relationship	
Cell Phone	Home Phone	Work Phone	Email
Home Address			
Work Address			
<b>Parent/Guardian Information (2)</b>			
Name		Relationship	
Cell Phone	Home Phone	Work Phone	Email
Home Address			
Work Address			
<b>Emergency Contact and Person Authorized to Pick Up Child (1)</b>			
Name		Relationship	
Cell Phone	Home Phone	Work Phone	Email
<b>Emergency Contact and Person Authorized to Pick Up Child (2)</b>			
Name		Relationship	
Cell Phone	Home Phone	Work Phone	Email
<b>Additional Person Authorized to Pick Up Child (3)</b>			
Name		Relationship	
Cell Phone	Home Phone	Work Phone	Email
<b>Additional Person Authorized to Pick Up Child (4)</b>			
Name		Relationship	
	Home Phone	Work Phone	Email

Child's Name	
<b>Health Information</b>	
Please list any chronic health conditions ( <b>allergies</b> , asthma, etc.) and medications taken regularly.	
<b>Medical and Insurance Providers</b>	
Child's Doctor	Phone
Address	
Child's Dentist	Phone
Address	
Medical Insurance Company	Policy Holder Name
Group #	Subscriber #
<b>Releases</b>	
<ul style="list-style-type: none"> <li>I/We understand that if the Student must receive any medication while at Bixby School, I/we must fill out a Permission for Medication form. These forms are available from the Bixby School front office and must be completely filled out prior to any medication being dispensed. I/we understand further understand that any changes in medication, dosage, or timing require that a new form be filled out and turned in at the Bixby School front office.</li> <li>I/we grant permission to Bixby School to call a doctor or emergency medical personnel to transport the Student to a hospital emergency room to obtain medical or surgical care. I/we further agree to pay all costs associated with such care.</li> <li>I/we <u>grant</u> (or) <u>do not grant</u> (<b>Circle one. If not circled we will assume you do grant.</b>) permission for Bixby School to take photos of the Student for use in the classroom, in school displays, on the school web site, and for other marketing purposes. I understand that the Student's name will not be revealed in these photos.</li> <li>I/we authorize the above-named Student to participate in the use of the Bixby swimming facilities, assume on his/her behalf all risks and hazards that are or may be incidental to participation in such water activities, and accept liability for the same.</li> <li>I/we grant permission for the Student to go on supervised trips away from the school premises, whether on foot or by vehicle. I/we assume on his/her behalf all risks and hazards that are or may be incidental to participation in out of school activities, and accept liability for the same.</li> </ul>	
Parent Signature	Date
To complete your registration, this form MUST be signed and returned to Bixby PRIOR to your child/children attending the Summer Program.	

Child's Name <i>Please complete form PER child.</i>	Child's 2010-11 Grade Level	Child's Birthdate			
<b>Regular Child Care Registration (monthly rate)**</b>					
If your child will attend every day of a month, place total(s) below. Refer to the '09-'10 school year tuition reference sheet.					
June	July	<del>August</del>			
<b>Regular Child Care Registration (daily rate)**</b>					
Place an "X" to mark each day your child will attend, then calculate totals. Elementary: \$72      Preschool (full day): \$65      Preschool (9:00-2:30) = \$55					
<b>JUNE</b>					
Monday	Tuesday	Wednesday	Thursday	Friday	
	1	2	3	4	# of days _____ X daily rate      \$ _____ Sibling discount (15%) \$ _____ June Total      \$ _____
7	8	9	10	11	
14	15	16	17	18	
21	22	23	24	25	
28	29	30			
<b>JULY</b>					
Monday	Tuesday	Wednesday	Thursday	Friday	
			1	2	# of days _____ X daily rate      \$ _____ Sibling discount (15%) \$ _____ July Total      \$ _____
5 SCHOOL CLOSED	6	7	8	9	
12	13	14	15	16	
19	20	21	22	23	
26	27	28	29	30	
<b>AUGUST</b>					
Monday	Tuesday	Wednesday	Thursday	Friday	
2	3	4	5	6	# of days _____ X daily rate      \$ _____ Sibling discount (15%) \$ _____ Aug Total      \$ _____
9	10	11	12	13 Last Day of Summer Program	
16	17	18	19	20 Closed for Inservice Day	
23	24	25	26	27	

\*\*NOTE: If the monthly and/or daily rates do not meet your needs, please speak with Pat, Cindy, Elizabeth, Kim, or Jack.

Payments are due by the 5<sup>th</sup> of each month.

