



Summer Program Enrollment Form – 2011

For Former and Non-Bixby Students

Child's Name <i>Please complete form PER child.</i>		Child's 2011-12 Grade Level	Child's Birthdate
Parent/Guardian Information (1)			
Name		Relationship	
Cell Phone	Home Phone	Work Phone	Email
Home Address			
Work Address			
Parent/Guardian Information (2)			
Name		Relationship	
Cell Phone	Home Phone	Work Phone	Email
Home Address			
Work Address			
Emergency Contact and Person Authorized to Pick Up Child (1)			
Name		Relationship	
Cell Phone	Home Phone	Work Phone	Email
Emergency Contact and Person Authorized to Pick Up Child (2)			
Name		Relationship	
Cell Phone	Home Phone	Work Phone	Email
Additional Person Authorized to Pick Up Child (3)			
Name		Relationship	
Cell Phone	Home Phone	Work Phone	Email
Additional Person Authorized to Pick Up Child (4)			
Name		Relationship	
	Home Phone	Work Phone	Email

Child's Name	
Health Information	
Please list any chronic health conditions (allergies , asthma, etc.) and medications taken regularly.	
Medical and Insurance Providers	
Child's Doctor	Phone
Address	
Child's Dentist	Phone
Address	
Medical Insurance Company	Policy Holder Name
Group #	Subscriber #
Releases	
<ul style="list-style-type: none"> 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. 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. I/we <u>grant</u> (or) <u>do not grant</u> (Circle one. If not circled we will assume you do grant.) 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. 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. 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. 	
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 2011-12 Grade Level	Child's Birthdate			
Regular Child Care Registration (monthly rate)**					
If your child will attend every day of a month, place total(s) below. Refer to the 2010-11 school year tuition reference sheet.					
May/June	July	August			
Regular Child Care Registration (daily rate)**					
Place an "X" to mark each day your child will attend, then calculate totals.					
Elementary Full Day (7:15-5:45): \$73		Preschool Full Day (7:15-5:45): \$75			
Elementary (8:30-3:15): \$58		Preschool (9:00-2:30): \$62			
MAY/JUNE					
Monday	Tuesday	Wednesday	Thursday	Friday	# of days _____ X daily rate \$ _____ Sibling discount (15%) \$ _____ May/June Total \$ _____
30 <i>SCHOOL CLOSED</i>	31 (MAY)	1	2	3	
6	7	8	9	10	
13	14	15	16	17	
20	21	22	23	24	
27	28	29	30		
JULY					
Monday	Tuesday	Wednesday	Thursday	Friday	# of days _____ X daily rate \$ _____ Sibling discount (15%) \$ _____ July Total \$ _____
				1	
4 <i>SCHOOL CLOSED</i>	5	6	7	8	
11	12	13	14	15	
18	19	20	21	22	
25	26	27	28	29	
AUGUST					
Monday	Tuesday	Wednesday	Thursday	Friday	# of days _____ X daily rate \$ _____ Sibling discount (15%) \$ _____ Aug Total \$ _____
1	2	3	4	5	
8	9	10	11	12 Summer Program Ends	
15	16	17	18	19	
22	23	24	25	26	
29	30	31			

**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 5th of each month.

