

2010 Summer Programs Registration Form

General Information

Child's name: _____

Grade (Fall 2010): _____ Date of birth: _____

School: _____

Parents' names: _____

Address: _____

Work phone: _____ Home phone: _____

Mother's cell: _____ Father's cell: _____

Emergency contact: _____ Phone: _____

Insurance and Health Information

*Kent School is fully insured; however, most medical care will be covered by your family health insurance policy.
Please indicate your family health policy information below:*

Primary Care Physician: _____ Phone: _____

Insurance Company: _____

Policy Number: _____

Does your child take any medications or have any physical limitations? Does your child have any allergies? Please explain below:

If your child needs any medications dispensed during camp hours, please provide us with a physician's order and parent release.

Do you give permission for the program instructor to apply sunscreen to your child? YES NO

Has your child ever been stung by a bee? YES NO

Parent Signature: _____

Date: _____

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Please indicate the program(s) your child(ren) will be attending. Please refer to the Kent School Program Information sheet for the dates and age limits for each program.

Program	Session	# Children attending	X	Cost	=	Total \$
Little Adventures 1	June 21 - June 25	_____	X	_____	=	_____
Little Adventures 2	June 28 - July 2	_____	X	_____	=	_____
Science Discovery	June 28 - July 2	_____	X	_____	=	_____
Archaeology	July 19 - July 23	_____	X	_____	=	_____
Game Time	July 5 - July 9	_____	X	_____	=	_____
GRAND TOTAL					=	_____

25% DEPOSIT IS DUE BY JUNE 1ST IN ORDER TO SECURE A SPOT IN THE PROGRAM(S).
PLEASE MAKE CHECKS PAYABLE TO *KENT SCHOOL*.

SEND REGISTRATION FORM and DEPOSIT TO:

**KENT SCHOOL
ATTN. ERIN KENT
6788 WILKINS LN.
CHESTERTOWN, MD 21620**