

2012 SUMMER AT THE LINDGREN SCHOOL

211 IRVING AVENUE CLOSTER NJ 07624 201-768-3550 FAX 201-768-1584

Application and contract. Registration is on a first come basis.

Bills will be sent prior to May and all payments must be made by May 15.

Expedition program is for 10 and 11 year olds entering 5th or 6th grade only.

ENROLLMENT DATES: CHECK WEEKS YOU WISH YOUR CHILD TO ATTEND. WE HAVE A TWO WEEK MINIMUM FOR ALL CHILDREN. SIGN UP FOR 7 OR 8 WEEKS TO RECEIVE THE BEST WEEKLY RATE!

_____ AM's 9:30-12:30 _____ Full Day 9:30-3:00
6/25-6/28 (WK 1) _____ *7/2-7/6 (WK 2) _____ 7/9-7/12 (WK 3) _____ 7/16-7/19 (WK 4) _____
7/23-7/26 (WK 5) _____ 7/30-8/2 (WK 6) _____ 8/6-8/9 (WK 7) _____ 8/13-8/16 (WK 8) _____

*Week 2 we will be closed Wednesday July 4th and open Friday July 6.

All scheduling changes must be made prior to the start of camp. Any changes after the start of camp will incur a \$50 fee.

GO GREEN THIS SUMMER AND USE OUR LOCAL BUS SERVICE. HUGE DISCOUNT AVAILBLE FOR SIBLINGS!

ROUND TRIP: _____ ONE WAY: AM P/U _____ OR HOME _____

Is this child a former Lindgren Summer or School student? YES _____ NO _____
What school or camp program has your child attended? _____

CHILD'S FULL NAME _____ DATE OF BIRTH _____ GRADE IN SEPT. 2011 _____
MALE/FEMALE _____ STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE # _____

FATHER'S NAME _____ MOTHER'S NAME _____
Business Phone _____ Business Phone _____
Pager/cell # _____ Pager/cell # _____

Child's Physician _____ Phone# _____ Hospital _____

Does your child have allergies? _____ Describe _____

Is your child being treated for any medical, physical, or behavioral condition? _____

Describe _____

Has your child ever received special educational services? _____

Describe _____

List two nearby people who will assume temporary care of your child if you cannot be reached:

1. _____
name address phone

2. _____
name address phone

Everything I have stated in this application is correct. I hereby give my consent to have limited emergency medical care rendered to my child: _____ in the event of an emergency.

Parents Signature _____ Date _____

I give permission for my child to take nearby walks to the Closter Nature Center and for photographs and/or videos to be taken of my child and used in promotional material if applicable.

Parents Signature _____ Date _____

****RETURN THIS APPLICATION FORM WITH YOUR DEPOSIT AND REGISTRATION. PLEASE NOTE AFTER MAY 15TH FULL PAYMENT IS DUE AT THE TIME OF ENROLLMENT. APPLICATIONS WILL NOT BE PROCESSED WITHOUT PROPER PAYMENTS. SEE ENCLOSED RATE SHEET FOR DETAILS. REQUESTS FOR \$450 DEPOSIT REFUND MUST BE MADE BEFORE MAY 1ST. REGISTRATION FEES ARE NON-REFUNDABLE. THERE WILL BE NO REFUNDS AFTER MAY 1ST. PLEASE USE REVERSE SIDE OF THIS FORM FOR COMMENTS.**