



Student Enrollment Agreement Summer 2018

The Cambridge School of Weston

CAMPER New Camper Returning Camper

First Name:		Last Name:		Nickname:	
Home Phone:		Birth Date:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address:					
City:			State:		Zip Code:
T-Shirt Size: <input type="checkbox"/> Youth Small (4-6) <input type="checkbox"/> Youth Medium (8-10) <input type="checkbox"/> Youth Large (12-14) <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult XL					
Current School:				Current Grade:	
Registering for: (choose one) (Tuition includes \$400 deposit due)	Summer Arts (ages 8–15) <input type="checkbox"/> Full Season — (June 25 - August 3) <i>Tuition: \$3950</i> <input type="checkbox"/> Session 1 — 3 Weeks (June 25 - July 13) <i>Tuition: \$2080</i> <input type="checkbox"/> Session 2 — 3 Weeks (July 16 - August 3) <i>Tuition: \$2080</i> <input type="checkbox"/> Other (pre-approved by director): _____		Art Squad (ages 6 & 7) <input type="checkbox"/> Full Season — (June 25 - August 3) <i>Tuition: \$3950</i> <input type="checkbox"/> Session 1 — 3 Weeks (June 25 - July 13) <i>Tuition: \$2080</i> <input type="checkbox"/> Session 2 — 3 Weeks (July 16 - August 3) <i>Tuition: \$2080</i> <input type="checkbox"/> Other (pre-approved by director): _____		
	Extended Day Program (Details on website.): <input type="checkbox"/> 8 am – 9 am <input type="checkbox"/> 4 pm – 6 pm				
	<input type="checkbox"/> I/we plan to apply for financial aid (Application and details on web site).				
	<input type="checkbox"/> Parent/guardian is a CSW teacher and/or year-round employee				
<input type="checkbox"/> I'd like my name, address, and telephone number shared with families seeking to arrange carpools					

FIRST PARENT/GUARDIAN

First Name:		Last Name:		Email Address:	
Home Phone:		Work Phone:		Cell Phone:	
Street Address: <input type="checkbox"/> SAME AS CAMPER					
City:			State:		Zip Code:

SECOND PARENT/GUARDIAN

First Name:		Last Name:		Email Address:	
Home Phone:		Work Phone:		Cell Phone:	
Street Address: <input type="checkbox"/> SAME AS CAMPER					
City:			State:		Zip Code:

Please carefully review the following policies:

IMMUNIZATION RECORDS & HEALTH INFORMATION FORM: Each student must have a physician signed health form on file at Summer Arts, dated on or after June 25, 2016. This form must include: a physical exam within the last two years and up-to-date immunizations as required by the State of Massachusetts. Most yearly health forms supplied by doctor's offices include this information. These may be mailed to the office or faxed to (781) 398-8355. Deadline: May 15, 2018. No child may attend camp without a health form and complete immunization records on file. The student's Health Information Form must accompany this enrollment agreement.

ARTS FESTIVAL: On the final afternoon of each session, there is an Arts Festival, a celebration of all of the multi - arts created during the session. All children are part of the day.

DEPOSIT & TUITION PAYMENT METHODS: The non-refundable registration deposit is \$400 and must accompany this Enrollment Agreement. The tuition remainder is to be paid by check only by May 15. (no credit cards).

MEDIA POLICY: Throughout the arts program staff members and/or professional photographers take photos & videos for general marketing and public relations purposes. Parents/guardians may refuse all commercial use of those photos related to specific campers, provided a written request is received by the camp director prior to the start of camp.

AGREEMENT REQUIRED: Please read the terms and sign your name to confirm your acknowledgement.

I, THE UNDERSIGNED, FURTHER UNDERSTAND AND AGREE:

1. That I will pay the \$400 **non-refundable** deposit and tuition. I understand that after May 15, 2018, no costs, whether paid or due, will be refunded for any reason, including student's involuntary or voluntary withdrawal, absence or dismissal, failure to attend or incomplete attendance. (Exception will be a medical emergency and will require a note from MD to program director).
2. That all charges are due upon receipt and I will incur a monthly late fee of 1.5% on all over 30 days.
3. That if my account becomes delinquent, Summer Arts may disenroll my student.
4. That Summer Arts at The Cambridge School of Weston reserves the right in its sole discretion to require the withdrawal of any student whose behavior is determined to be unacceptable by Summer Arts' administration.
5. That written notice of financial aid award is part of this contract.
6. Summer Arts at CSW assumes no liability for injury to students on or off school property.

OTHER DRIVERS APPROVED TO PICK-UP YOUR CHILD/CHILDREN (OPTIONAL):

First Name:	Last Name:	Cell Phone:
First Name:	Last Name:	Cell Phone:

Signature of Parent or Guardian:

Date:

Printed Name:

Signatory must be older than 18 years

The non-refundable \$400 deposit holds your child's place for Summer Arts 2016. The balance is due by May 15th, and must be paid by check only. (Invoices will be mailed in April). Class selection forms will be mailed early May, along with details about the summer.

HOW DID YOU HEAR ABOUT SUMMER ARTS?

Friend Internet Newspaper Banner Other: _____