

Mizzentop Day School Summer Programs

Summer Recreation For PK-3 through Grade 4

June 14 - July 9 and August 2 - August 27

Mizzentop's Summer Program is a theme based, fun, recreational, and craft oriented summer program for children ages 3 to 8 years old.

Children will be engaged in hands-on activities, spend time outdoors, make puppets and create puppet shows, and more!

The day will be structured with various activities to spark a child's interest and extend their learning experiences.

The fee is **\$250.00** per week, per child for five full days; or **\$150.00** per week, per child for five half days. Parents may register their child for a single week or the entire program. Program hours are full days, **8:30 a.m. to 5 p.m.**, and **8:30-11:30 a.m. for half days**. Full week registration is required.

A healthy bag lunch (no glass) must be brought in by the child each day (refrigeration is available). Snacks will be provided. All other materials will be provided.

To enroll, submit the Registration Form, Student Health Form, and Emergency Contact Form along with your non-refundable deposit of \$100.00 to Mizzentop by **June 11, 2010**. Full payment is due on either **June 14 or August 2** based on enrollment selections. Your summer program tuition is non-refundable. We base our staffing needs on your registration and program sign up. Non-attendance for any reason does not eliminate obligation for payment.

Summer Recreation Program Daily Packing List

Each day your child should bring the following:

- A healthy bag lunch (one that does not have to be heated; no glass; refrigeration is available.)
- Bathing suit, towel and sunscreen.*
*Please apply sunscreen before coming to school, and let us know when it should be reapplied.
- A change of clothing in case of spills or accidents.
- We will have a quiet rest period each day. You can send in a pillow, stuffed animal or special blanket if you like.
- We will let you know in advance if special items are needed to support a program theme.

The fee balance is due on **June 14th or August 2st** based on enrollment selections. Your summer program registration fee and tuition are non-refundable. We base our staffing needs on your registration and program sign up. Non-attendance for any reason does not eliminate obligation for payment.

Parent/Guardian's Signature: _____ Date: _____



Registration Form for Mizzentop Day School's Summer Programs

Complete all information. A non-refundable registration fee of \$100.00 must accompany your registration form. Send Registration Form, Emergency Contact Form and Student Health Form along with your non-refundable registration fee to Mizzentop Day School, 64 East Main Street, Pawling, NY 12564.

Child's Name:		Current School:	
Date of Birth:		Grade Entering:	
#1 Parent/Mother Name:		#2 Parent/Father Name:	
#1 Parent/Mother Address:		#2 Parent/Father Address:	
#1 Parent/Mother Cell:		#2 Parent/Father Cell:	
#1 Parent/Mother Home Phone:		#2 Parent/Father Home Phone:	
#1 Parent/Mother Work Phone:		#2 Parent/Father Work Phone:	

Please circle below the activity, date, and time your child(ren) is/are enrolling:

Grade	Name of Activity	Dates	Fee	Time (circle one)
PreK3-4 th Grade	Recreation Program Session 1: Week 1	June 14-18	\$150/250	A.M. or Full Day
PreK3-4 th Grade	Week 2	June 21-25	\$150/250	A.M. or Full Day
PreK3-4 th Grade	Week 3	June 28-July 2	\$150/250	A.M. or Full Day
PreK3-4 th Grade	JUST ADDED! Week 4 JUST ADDED!	July 5-9	\$150/250	A.M. or Full Day
PreK3-4 th Grade	Recreation Program Session 2: Week 1	August 2-6	\$150/250	A.M. or Full Day
PreK3-4 th Grade	Week 2	August 9-13	\$150/250	A.M. or Full Day
PreK3-4 th Grade	Week 3	August 16-20	\$150/250	A.M. or Full Day
PreK3-4 th Grade	Week 4	August 23-27	\$150/250	A.M. or Full Day
Grades 5-8	Hiking/Backpacking/Orienteering	June 21-25	\$150/student	9a.m. to 4 p.m.
Grades 5-8	Forensic Science	June 28-July 2	\$125/student	9 a.m. to 1 p.m.



**Mizzentop Day School Summer Extended Care Program
Pick-Up/Emergency Contact Form
2010**

PLEASE PRINT AND USE ONE FORM FOR EACH CHILD ENROLLED
Child's Name: _____ Age: _____
Address: _____

The child listed above will be picked up regularly by:

Name Relationship to Child

In the event of an emergency, you may release my child to:

Name Phone Relationship to Child

Name Phone Relationship to Child

Emergency Contact Information

#1 Parent/Guardian's Name: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

#2 Parent/Guardian's Name: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

Emergency Contact Other Than Parents:

#1 Contact: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

#2 Contact: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

Pediatrician (THIS SECTION IS REQUIRED IN ADDITION TO THE HEALTH FORM):

Doctor's Name: _____
Phone: _____

ON THE BACK OF THIS FORM, PLEASE LIST THE STUDENT'S FOOD, MEDICAL OR OTHER ALLERGIES.



Mizzentop Day School School Health Record

Parent/Guardian: Please complete and return to school along with immunization and medical information from child's physician.

Is this health form for a new student? ___Yes ___No

Is this health form for summer programming? ___Yes ___No

Student Information

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Nickname	Date of Birth	Country of Birth
_____	_____	_____
Age	Gender	Entering Grade

Household Information

_____	_____	_____	_____
Address	Apt. #	Town/State	Zip Code
_____	_____	_____	_____
Home Telephone	Language spoken at home		
_____	_____		
Parent/Guardian' Name	Daytime Phone		
_____	_____		
Parent/Guardian Place of Employment	Work Phone	Cell Phone	
_____	_____	_____	
Parent/Guardian Name	Daytime Phone		
_____	_____		
Parent/Guardian Place of Employment	Work Phone	Cell Phone	

Emergency Contacts

_____	_____
#1 Name	Daytime Phone
_____	_____
#2 Name	Daytime Phone

Has the child lived or visited outside of the continental United States in the past six months?

Yes No Date/s: _____ Place/s: _____

Parents will be notified as quickly as possible in the event of an emergency.

Permission is granted for the school to make a decision in securing proper medical treatment for my child.

Parent/Guardian Signature

Date