

# Pine Point a la Carte: Summer Registration Form

email: summer@pinepoint.org  
Rebecca Shea -Program Coordinator  
860-535-0606

## Student Information:

Name \_\_\_\_\_ Grade entering in Fall 2010 \_\_\_\_  
Home Address \_\_\_\_\_  
Home Email Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Date of birth \_\_\_\_\_ Age \_\_\_\_\_

## Parent/Guardian Information:

First Parents Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Second Parents Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

## Emergency Contact Information:

Emergency Contact (other than parent): \_\_\_\_\_  
Emergency Phone Number \_\_\_\_\_

## Physician:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
List any medical conditions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Registration Information

Please print program selections below. There is a one-time, per family registration fee of \$25. (\$10 if registration received before April 30, 2010 )

Name of Program	Date/Time	Fee
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Subtotal: \_\_\_\_\_

One time, per family Registration Fee \$25 (\$10 before April 30): \_\_\_\_\_

Total: \_\_\_\_\_

Payment in full is due prior to one week of the start of each program. If registering for more than one program, you may also pay for all programs at once.

Please also include a Physical Examination form with registration (All physical forms on file with us are applicable with in two years; please indicate that your child may have a form on file: Yes\_\_\_\_ No\_\_\_\_).

Please send by mail the forms with a check made out to:

Pine Point School  
Summer Program Registration  
89 Barnes Road, Stonington, CT 06378.

No refund of fees will be made for absence, withdrawal, delayed attendance or dismissal from program.

I HAVE READ THE ABOVE AND I UNDERSTAND PINE POINT SUMMER PROGRAM POLICY CONCERNING THE REGISTRATION FEE AND REFUND POLICY. I AGREE TO PAY ALL PROGRAM FEES PRIOR TO THE START OF EACH SESSION. THE PROGRAM COORDINATOR RESERVES THE RIGHT TO DISMISS A STUDENT WHEN IN HER/HIS JUDGMENT SHE/HE FEELS THAT A STUDENT'S BEHAVIOR INTERFERES WITH THE RIGHTS AND SAFETY OF OTHERS.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/guardian