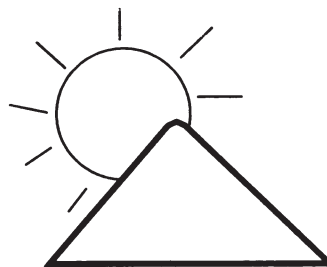


Summer Hill

REGISTRATION FORM 2017-18



1107 Gully Road
Wall, New Jersey
07753
732-681-3483
Fax 732-681-3502
Web: summerhillschool.com

Home Phone _____

Name _____ D.O.B. _____ Age in Sept. _____
LAST FIRST NICKNAME DATE OF BIRTH YEAR-MONTHS

Street Address _____ Town _____ Zip _____

Emergency Number _____
NAME PHONE NUMBER

Father's Name _____ Occupation _____

Father's Work Phone _____ Cell Phone _____

Mother's Name _____ Occupation _____

Mother's Work Phone _____ Cell Phone _____

Siblings (names & ages) _____ Previous Schooling _____

E-mail: _____ Referred by _____

<u>Program</u>	<u>Half Day</u> 9:00 - 11:30; 12:30 - 3:00	<u>Half Day w/Lunch Bunch</u> 9:00 - 1:00	<u>Full Day</u> 9:00 - 3:00	<u>Extended Day</u> 7:45 - 5:30
2 Day (Tues., Thurs.)	\$3,100.00	\$3,700.00	\$3,900.00	\$4,200.00
3 Day (Mon., Wed., Fri.)	\$3,600.00	\$4,200.00	\$5,000.00	\$5,670.00
5 Day (Mon. - Fri.)	\$5,200.00	\$5,800.00	\$7,000.00	\$8,400.00

Kindergarten (Mon. - Fri.)	9:00 - 12:00 \$5,400.00	\$6,000.00	9:00 - 3:00 \$7,000.00	7:45 - 5:30 \$8,400.00
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Extended care hourly fee = **\$10.00/hour**

Please circle selections: Program: 2 Day 3 Day 5 Day Kindergarten
 Session: Half Day: 9:00 - 11:30 12:30 - 3:00 Half Day w/Lunch: 9:00 - 1:00 Full Day: 9 -3:00
 Extended Hours: AM _____ PM _____

PLEASE READ CAREFULLY AND SIGN

I wish to register my child for the 2017-18 school year. **I am aware that my child must be potty trained in order to attend school.** I understand that tuition is a yearly fee that has been conveniently divided into 10 payments. I agree to make payments promptly on the first of each month. (1st payment upon registration, 2nd payment due Sept. 1st.) **Late Pick Up Policy:** Please note *Half Day AM Students* must be picked up on time. There is a dollar per minute charge for pick up after program ends. I understand there is a \$25.00 late fee for payments received after the 5th of each month, and a \$25.00 fee for returned checks. **I understand fees are nonrefundable and that I am committed to remaining at Summer Hill for the school year. I am aware that any balance on my account due past 60 days will be sent to collections and that I will be responsible for all the collection fees.**

Signature _____ Date _____

Enrollment is limited.

To reserve a space, include with your registration form the following **NON-REFUNDABLE** fees:

Registration Fee \$50.00 + Payment #1 (1/10 of Yearly Fee) \$ _____ = Total Enclosed \$ _____

YOU WILL NOT BE CONSIDERED REGISTERED WITHOUT RECEIPT OF THESE PAYMENTS

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PERMISSION SLIPS (PLEASE COMPLETE AND RETURN THIS FORM)

RECEIPT OF INFORMATION

I attest that I have received the following information from Summer Hill

1. Information to Parents
2. Summer Hill Discipline Policy
3. Policy on the Management of Communicable Diseases
4. Expulsion Policy

Signature of Parent _____ Date _____

WALK PERMISSION

My child has permission to attend all off grounds walks to Shark River Park

Signature of Parent _____ Date _____

STUDENT INFORMATION RELEASE

I _____ parent or guardian of _____

give my permission for Summer Hill School to release my child's name, address, and phone number as part of the class list. This information will be released only to parents of Summer Hill Students.

PHOTOGRAPH RELEASE

I give Summer Hill permission to post pictures of my child on their website as well as the Summer Hill Facebook page.

Signature of Parent _____ Date _____



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Permission Slips
(Please Complete Both Sides)

Transportation

(This portion must be completed for all Summer Hill Students/Campers)

Parents, please sign and date below if you will be the only one transporting your child. If you will be **car pooling** or having **someone other than yourself** or **your spouse** provide transportation (on a regular basis) please fill out the form and sign below.

Name of Child _____

I AUTHORIZE THE FOLLOWING PERSON/PERSONS TO PROVIDE TRANSPORTATION FOR MY CHILD TO AND FROM SUMMER HILL.

1. Name _____ Relationship _____

Phone _____ Make and Color of Car _____

2. Name _____ Relationship _____

Phone _____ Make and Color of Car _____

3. Name _____ Relationship _____

Phone _____ Make and Color of Car _____

4. Name _____ Relationship _____

Phone _____ Make and Color of Car _____

Signature of Parent _____ Date _____



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HEALTH RECORD

Child's Name _____ Date of Examination _____

PART I: HISTORY (to be completed by parent or medical staff)

Has the child had any of the following conditions? What year?

Measles _____ Mumps _____

Chicken pox _____ Scarlet fever _____

Whooping cough _____ Poliomyelitis _____

Diphtheria _____ Diabetes _____

Rheumatic fever _____ Hernia _____

Epilepsy _____ Otitis media _____

Heart disease _____ Convulsions _____

Pneumonia _____ Mental Retardation _____

Abnormal development _____ Birth complications _____

Handicaps _____

Allergies _____

Birth Weight _____ Was pregnancy full term? _____

Immunizations (please attach immunization records)



PART II:
RESULTS OF EXAMINATION
(to be completed by physician)

Child's Name _____ Date of Examination _____

Scalp _____ Heart _____

Eyes and Vision _____ Pulse _____

Ears and Hearing _____ Abdomen _____

Nose _____ Genitalia _____

Teeth and mouth _____ Extremities _____

Throat _____ Reflexes _____

Neck _____ Rectum _____

Lymph glands _____ Skin _____

Spine _____ Thorax _____

Lungs _____ Other _____

Height _____ Weight _____

Please indicate any condition which might affect this child in child care or any condition of which the child care staff should be aware:

Recommendations:

The above-named child has been given a routine medical examination and has been found to be free of infectious or contagious diseases.

Signature of physician

Date

Address

RETURN TO:

SUMMER HILL SCHOOL, 1107 GULLY ROAD, WALL, NJ 07753
Phone: 732-681-3483 • Fax: 732-681-3502 • Web: summerhillschool.com