

**Eliot-Pearson Children's School
2019 Summer Program
Art, Music, Nature, Coding-Robotics & Swimming
Application Form**

Child's Name: _____ Age : _____ DOB: _____

Current EPCS? **Y/N - If NO, please complete the questions on the back of this form.** →

Parent(s)/Guardian(s): _____/_____

Relationship(s) to Child: _____/_____

(Please give address(es) of adults who should receive mail)

Address: _____

EMAIL: _____

Home phone: _____ Work phone: _____ Cell phone: _____

	Session I June 17-July 5 (No School on 7/4)	Session II July 8-July 26 (No School on July 26)	All Summer June 17-July 26 (No School on 7/4 & 7/26)	*TOTAL TUITION
Half Day 8:30-12:00	<input type="checkbox"/> \$590.00	<input type="checkbox"/> \$590.00	<input type="checkbox"/> \$1100.00	\$ _____ ** Carry over to back of this form
Full Day 8:30-3:00	<input type="checkbox"/> \$1060.00	<input type="checkbox"/> \$1060.00	<input type="checkbox"/> \$2000.00	\$ _____ ** Carry over to back of this form

- I request admission for my child to attend the Eliot-Pearson Children's School 2019 Summer Program.
- Enclosed is a \$200 deposit or full payment (NON-REFUNDABLE, UNLESS MY CHILD IS NOT ACCEPTED INTO THE PROGRAM), to be credited to my child's Summer Program tuition bill (**checks payable to Trustees of Tufts.**) Balances will be billed and are due on or before May 10th for both sessions. Please mail registration and payment to: Eliot-Pearson Children's School, 105 College Ave., Medford, MA 02155.
- I agree to be responsible for the summer tuition cost indicated above (in the box checked) payable to *Trustees of Tufts*. I understand that my child will not be allowed to attend the Summer Program if the tuition is unpaid. Tuition must be paid in full by: May 10th.
- I understand that this contract obligates me for the FULL tuition cost, and I am aware that there will be NO REFUNDS OR CREDITS FOR WITHDRAWL OR ABSENCES.
- I understand that there is no program on Thursday, July 4th, and Friday July 26th, 2019.
- I understand placement in a specific class cannot be guaranteed. All groups are mixed-ages.

My signature indicates my understanding and agreement with the above statements.

Parent/Guardian _____ Date _____

****Please fill out the back of this form.** →

****Please calculate your total cost below and sign the bottom of this form.**

You may deduct the following (please check):

\$ _____

TOTAL TUITION
**** (from the front page)**

Deduct \$25 for **full payments** made when registering on or before March 30, 2019 (**only if full payment is enclosed**).

- \$ _____

Deduct \$50 if your child attends public school and cannot begin Half Days Session I until June 28.

- \$ _____

Deduct \$100 if your child attends public school and cannot begin Full Days Session I until June 28.

- \$ _____

\$ _____

TOTAL COST
(After deductions)

Please indicate amount of your check or registration cost here.

For Non-Current EPCS Students - Please fill the following:

Please describe briefly this child's special characteristics and interests:

Developmental Health History: Has the child had any major health/developmental issues?
Are there any challenges with vision, hearing, walking, speaking, or attention? Other?

Child's Previous Group Experience (please include any school, play group, religious school, or day care):

Please check here: if your child currently receives Support Services through the public schools or privately. Please include the current IEP; if your child is receiving private services, please include a letter from the provider describing your child's current needs and supports to help us better understand your child's needs.

Parent/Guardian _____ Date _____

For office use only:tuition/
Date ___ Ck# ___ Amnt ___ due ___
Date ___ Ck# ___ Amnt ___ due ___
Date ___ Ck# ___ Amnt ___ due ___
Forms Sent Date _____

Forms Sent _____