


The Grammar School
69 Hickory Ridge Rd. South Putney, VT 05346
802.387.5346
www.tgs-putney.org

2008
THE GRAMMAR SCHOOL SUMMER PROGRAM
REGISTRATION/HEALTH FORM

<i>name of child</i>	<i>current grade</i>	<i>current age</i>
<i>name of parent or guardian</i>	<i>work phone</i>	<i>e-mail address</i>
<i>street address or PO box</i>	<i>home phone</i>	
<i>town</i>	<i>state, ZIP</i>	<i>cell phone (if applicable)</i>

Academic Tutoring Available: \$45 per hour (subject(s) _____)

Fee for 9 day session one is \$510. Student staying until 1:30 is \$390. Half-day student is \$260.
Fee for 10 day session two is \$560. Student staying until 1:30 is \$420. Half-day student is \$280.

Tuition Worksheet	Session One _____	Session Two _____	
	Tutoring _____	Tutoring _____	
		Total _____	

Please fill out total even if you are applying for financial aid.

To register, please mail this form with a non-refundable \$60 enrollment deposit or full payment to:

The Grammar School Summer Program / 69 Hickory Ridge Road South / Putney, VT 05346

Tuition may be paid in installments before the start of camp. Tuition is refundable only before June 1, 2008. Class choices will be confirmed by June 15 and July 2. Please e-mail William Chambers at wchamber@tgs-putney.org or Ginny Motes at gmotes@tgs-putney.org or call (802) 387-5364 with questions. This program is an opportunity for children to explore in a joyful, supportive environment. Due to the nature and short term of the program, we reserve the right to ask a child who is repeatedly disruptive to leave without refund. Limited Financial Aid is available; please contact Ginny Motes for an application at 802-387-5364.

(continued on next page)

HEALTH INFORMATION

Your Child's Weight _____

Is there anything we should know about your child?

Is your child allergic to bee stings? no yes If you would like a staff member to administer an injection in case of a bee sting, be certain to provide written permission, instructions, and a supply of unexpired medication.

As a parent/guardian of a minor participant in The Grammar School Summer Program, I hereby Indemnify and Hold Harmless The Grammar School, its Trustees, instructors and employees for all awards, legal fees, expenses, or settlements arising out of the child's participation in The Summer Program. I certify that my child is in good physical health, and may participate in strenuous activities during which injury is possible.

signature of parent or guardian

date

Emergency Care Request: It is school practice to call parents and Rescue, Inc. in case of emergency.

In the event of an emergency requiring medical treatment, I give my permission for
to be treated at Brattleboro Memorial Hospital.

child's name

physician to be contacted if possible

physician's phone

friend to be called if parent cannot be reached

friend's phone

allergies to medications/other allergies

date of student's last tetanus injection

signature of parent or guardian

date



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