



Heartworks Summer Pre-School - 2010

PO Box 339
Shelburne, Vermont 05482
Phone 985-2153
Fax 985-5643

Application and Release Form

Child's Full Name: _____

Does your child prefer to be called by another name?: _____

Street: _____ Apartment #: _____

Town: _____ State: _____ Zip Code: _____

Home Telephone: _____ Date of Birth: _____ T-Shirt Size 3T 5T

Parent/Guardian #1 Name: _____ Home Address: _____ Home Phone: _____ Work Phone: _____ Cell: _____	Parent/Guardian #2 Name: _____ Home Address: _____ Home Phone: _____ Work Phone: _____ Cell: _____
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Session	Theme	2-3 ½ Year Olds Select Days		3 ½ -5 Year Olds Select Week
June 28-July 2	Jungle Safari	Mo Tu We Th Fr		
July 6-July 9	Snap, Clap, Tap and Sing	Tu We Th Fr		
July 12-July 16	Gnomes, Fairies and Magical Creatures	Mo Tu We Th Fr		
July 19-July 23	Starry, Starry Night	Mo Tu We Th Fr		
July 26-July 30	Earth Art	Mo Tu We Th Fr		
Aug 2-Aug 6	Kitchen Magic	Mo Tu We Th Fr		
Aug 9-Aug 13	Underground Critters and Creatures	Mo Tu We Th Fr		
Aug 16-Aug 20	Polar Lands	Mo Tu We Th Fr		

Which location would you like to attend? (circle one) Burlington Shelburne Williston

Will you need any of the following?:

Early Care (8:00-8:30): _____

Afternoons (12:30-4:00): _____ (Burlington and Williston Only)

Late Care (4:00-5:00): _____ (Burlington and Williston Only)

- Please Fill Out Other Side -

Emergency Contact Persons (if parent can not be reached: **must be available locally**)

Name: _____ Phone: _____

Address: _____ Relationship to Child: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

How did you hear about us? Local Paper _____ Kids VT _____
Burlington Free Press _____ Internet _____
Friends _____ Other _____

If your child has any allergies or special dietary or medical needs, please describe: _____

I give consent for _____ to:

Child's Full Name

Take part in field trips under proper supervision. Yes ___ No ___

Take part in playing in wading pools under proper supervision. Yes ___ No ___

In the event that my child becomes ill or injured and I cannot be contacted, I authorize Heartworks staff to transport my child and seek emergency medical care. Yes ___ No ___

I give consent for pictures of my child to be used in promotional materials both in hardcopy and on the website for The Heartworks School (no names are ever used). Yes ___ No ___

The following people may pick my child up at school: _____

Is there anyone forbidden access to this child? Yes ___ No ___

(if yes, please provide legal documentation)

SIGNATURES (Both Parents/Guardians Must Sign)

Parent/Guardian #1

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

Parent/Guardian #2

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY Date Accepted _____ Deposit Paid _____ Check Number _____