



## Heartworks Summer Pre-School - 2012

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	Select Days	OR	Select Weeks
June 25-June 29	Underground Critters and Creatures	Mo Tu We Th Fr		
July 2-July 6	Under the Big Top	Mo Tu Th Fr		
July 9-July 13	Jungle Safari	Mo Tu We Th Fr		
July 16-July 20	Snap, Clap, Tap and Sing	Mo Tu We Th Fr		
July 23-July 27	Polar Lands	Mo Tu We Th Fr		
July 30-Aug 3	Living Storybooks	Mo Tu We Th Fr		
Aug 6-Aug 10	Starry, Starry Night	Mo Tu We Th Fr		
Aug 13-Aug 17	Earth Art	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): \_\_\_\_\_

Late Care (4:00-5:00): \_\_\_\_\_ **(Burlington and Williston only)**

**- Please Fill Out Other Side -**

Emergency Contact Person (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 \_\_\_\_\_