

# The Teddy Bear Club - Le Club Nounours

## SUMMER PROGRAM APPLICATION

Date: \_\_\_\_\_

**For TBC Use Only:**

Date Application Received: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Age at Admission: \_\_\_\_\_

### Child Information

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Primary Language: \_\_\_\_\_

Identifying Information: \_\_\_\_\_ Past French Experience: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_ Allergies: \_\_\_\_\_

### Parent Information

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

If deceased, when: \_\_\_\_\_ If deceased, when: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Title or Position: \_\_\_\_\_ Title or Position: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Cellular Phone: (\_\_\_\_\_) \_\_\_\_\_ Cellular Phone: (\_\_\_\_\_) \_\_\_\_\_

Pager: (\_\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_\_) \_\_\_\_\_

e-mail: \_\_\_\_\_ e-mail: \_\_\_\_\_

## Program Enrollment

Please place a ✓ in the boxes below to indicate the session(s) for which you wish to enroll your child.

	<u>Session 1</u>	<u>Session 2</u>	<u>Session 3</u>
<b>Morning Session</b>			
<b>Afternoon Session</b>			
<b>Full-Day Session*</b>			

*\*Please note that our full-day session is only available to children ages 3 and up*

*Please check this box if you wish to sign up for Early Drop-off*

**Once your choice has been made, please remember to write your choice of sessions on your calendar.**

## Enrollment Agreement

*Must be signed by parent or guardian*

- ⊕ The required deposit of \$400 is enclosed and I agree to pay the balance of the summer program tuition on or before April 15<sup>th</sup>.
- ⊕ I understand that my child may not attend unless The Teddy Bear Club receives a completed Health Form by May 15<sup>th</sup>.
- ⊕ I understand and accept The Teddy Bear Club policies concerning non-refundable deposits and non-refundable tuition as well as terms of enrollment described in The Teddy Bear Club Summer Program brochure.
- ⊕ I understand that once an application is accepted by The Teddy Bear Club, no funds or transfer of funds will be made for withdrawal, dismissal, failure to attend or incomplete attendance.
- ⊕ I understand that The Teddy Bear Club may cancel my child's reservation if the full balance of the tuition has not been received by April 15<sup>th</sup>.

**Name of parent or guardian:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please mail completed application and deposit check to:*

The Teddy Bear Club Summer Program  
1466 Commonwealth Avenue  
Newton, MA 02465