

## YEAR-ROUND ENROLLMENT APPLICATION 2014-2015 SCHOOL YEAR | SIDE 1

Please complete This application and return it to the aftercare office, one form per participant. Due to the unique format of these programs, enrollment is limited. You are encouraged to sign up early.

**Please note:** Invoicing will be sent via mail at the beginning of each season for families contracted for after care. For families using the "drop-in" option, invoicing will be done twice a month via mail.

Fall Season: Sept. 22 - Nov. 7, 2014 | Winter Season: Nov. 10, 2014 - Feb. 13 2015 | Spring Season: Feb. 16 - May 29, 2015

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STUDENT INFORMATION		
First Name Initial Last Name	Birth Date Sex(M/F	) Grade
HEALTH INFORMATION		
HEALIH INFORMATION		
Please note any special information that we should be aware of including special needs (i.e. medical issispecial attention). Please check all that apply:  Medication Medical Condition Life-Threatening Allergy Allergy Cardiac Condition Other  Please Comment:	ues, allergies and/or social/physical con	•
PARENT INFORMATION		
Mrs. Mr. Dr. Ms. Parent/Guardian #1 First Name Initial Parent/Guardian #1 Last Na	ame	
Parent/Guardian #1 Work Phone Ext. Parent/Guardian #1 Cell Phone Parent/Guardian #1 E-	-mail Address	
Mrs. Mr. Dr. Ms. Parent/Guardian #2 First Name Initial Parent/Guardian #2 Last Na	ame	
Parent/Guardian #2 Work Phone Ext. Parent/Guardian #2 Cell Phone Parent/Guardian #2 E	-mail Address	
Street Address	Llama Pha	
Street Address	Home Pho	ne #1
City State	Zip Code Home Pho	ne #2
	-	-
Who should receive correspondence at the above address? ☐ Parent/Guardian #1 ☐ Parent/Guardian #1	uardian #2	
I give permission for my home phone number(s) to be accessible to other families ☐ Yes ☐ No		
EMERGENCY & SECURITY INFORMATION		
Who is the emergency contact person in the event that both parents are unavailable?		
Name: Relationship: Phone 1:	Phone 2:	
Who is permitted to pick up other than the parents/guardian(s) listed above?		
Name: Relationship: Phone 1: (	) Phone 2:( )	
PLEASE REFER TO EAPROGRAMS.ORG FOR UP-TO-DATE PROGRAM INFORMATION TO COMPLETE THE FIELDS B	ELOW.	
ENRICHMENT PROGRAM SELECTIONS	DAY(S) OF THE WEEK	COST
	OM OT OW OTh OF	\$
	OM OT OW OTh OF	\$
	OM OT OW OTh OF	\$
	OM OT OW OTH OF	\$
	OM OT OW OTh OF	\$
	OM OT OW OTh OF	\$
	OM OT OW OTh OF	\$
	OM OT OW OTh OF	\$
	OM OT OW OTh OF	\$
	OM OT OW OTh OF	\$



## YEAR-ROUND ENROLLMENT APPLICATION 2014-2015 SCHOOL YEAR | SIDE 2

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## PLEASE REFER TO EAPROGRAMS.ORG FOR UP-TO-DATE PROGRAM INFORMATION TO COMPLETE THE FIELDS BELOW.

HOLIDAY & VACATION CAMPS	DATE	COST
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	TOTAL	\$

AFTERCARE SCHEDULE NEEDS	DATE	COST
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	TOTAL	\$





Please make checks payable to:

**EA Programs** 

Send this form to: **EA Programs** 750 E. Haverford Road Bryn Mawr, PA 19010 Questions? Call: **484-424-1440 EAprograms.org** 

## PLEASE READ AND SIGN BELOW:

On behalf of my child, I accept any and all risks associated with his/her attendance and participation in the program and its activities. I understand that my child should not attend the program if he/she is not healthy. I understand that my child must abide by program policies and the instructions of the program staff. I agree that should my child be dismissed from program for any reason, no part of my tuition will be refunded. I understand that no reduction in the tuition will be made for late arrival, early departure, vacations, illness or injury. In the event that I cannot be contacted in an emergency, I hereby grant ESF, Inc. (ESF) permission to give immediate treatment and/or take my child to a hospital emergency room. Permission is hereby granted for photographs and/or videos to be taken of my child at program and ESF has the right to utilize these in our brochures, videos, slide shows, web site, and other program materials. Knowing these facts and in consideration for your accepting my child's application, I, for myself, my child attending the program, and anyone else who might claim on my or my child's behalf ("I"), hereby agree that neither ESF nor The Episcopal Academy are responsible for any and all accidents, injuries, and/or medical or dental expenses arising from my child's participation in the program and, accordingly, I covenant not to sue, and waive, release and discharge ESF and The Episcopal Academy, and anyone working on their behalf from any and all claims of liability or expenses of any kind or nature whatsoever arising out of or relating to my child's participation in the program. I have carefully read all of the information in this application form and agree to all conditions.

Printed Name of Parent,	/Guardian	Signature	Date