



Please return to Summer Place Programs ■ University of Hartford ■ 200 Bloomfield Avenue ■ West Hartford, CT 06117 ■ Fax: 860.768.4233

2018 SUMMER PLACE PROGRAM REGISTRATION FORM

Registration applications are processed on a first-come, first-served basis and may be submitted by mail, fax, or on our website. Registration forms must be signed and accompanied by the required deposit. Please print in ink and complete all appropriate sections on **both sides** of this form. You will receive a confirmation and medical form within one week.

Camper's Name _____ Date of Birth _____ Grade (fall 2018) _____ Male
 Camper's Address _____ Female

SUMMER PLACE PROGRAM DATES		SPECIAL OPTIONS		
Session I	June 25 - July 6 <input type="checkbox"/>	BUS SERVICE - Choose one stop Bus 1 <input type="checkbox"/> Bus 2 <input type="checkbox"/> Bus 3 <input type="checkbox"/>		
Session II	July 9 - July 20 <input type="checkbox"/>	Stop _____		
Session III	July 23 - August 3 <input type="checkbox"/>	Bus 4 <input type="checkbox"/> Door to door (<i>West Hartford residents only</i>)		
T-shirt size (youth) S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> (adult) S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>		LUNCH Session I <input type="checkbox"/> Session II <input type="checkbox"/> Session III <input type="checkbox"/>		
		EXTENDED HOURS Session I a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Session II a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Session III a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		

FAMILY INFORMATION

Parent/guardian _____	Parent/guardian _____
Relationship to camper _____	Relationship to camper _____
Address _____	Address _____
Phone: Home _____	Phone: Home _____
Cell _____ <input type="checkbox"/> <i>please check box if you agree to receive text messages</i>	Cell _____ <input type="checkbox"/> <i>please check box if you agree to receive text messages</i>
*E-mail _____ <i>(required for communication and billing)</i>	*E-mail _____ <i>(required for communication and billing)</i>

*In an effort to help reduce the University's environmental impact, camp communication pieces and camper bills will be sent by e-mail with options for online payments.

COURSE SELECTIONS FOR SUMMER PLACE CAMPERS

Referring to the course worksheets for each session, indicate your course choices as follows: FIRST - to NINTH-GRADERS list *two* morning enrichment courses, followed by *three* afternoon recreational activities. **(First -and second-graders opting for early dismissal should choose only two afternoon recreational activities.)** FIFTH - to NINTH-GRADERS list *three* morning recreational activities followed by *two* afternoon enrichment courses. **Indicate first, second, and third choices** for each course period. If your choices are not available, you will be contacted to discuss alternatives.

↕ First Choices ↕		↕ Second Choices ↕		↕ Third Choices ↕	
Session I					Session I
Session II					Session II
Session III					Session III

Camper's name _____

SUMMER PLACE FEES/TUITION

			**Early Registration
Session I	June 25 - July 6	\$885*	\$735*
Session II	July 9 - July 20	\$995	\$845
Session III	July 23 - August 3	\$995	\$845
All three sessions		\$2,655	\$2,205

SPECIAL OPTIONS

Bus Service			
Session I			\$0
West Hartford door-to-door			\$180*
Sessions II and III, each			\$0
West Hartford door-to-door			\$190
Extended Hours			
	Morning	Afternoon	
Session I	\$35*	\$70*	
Sessions II and III, each	\$40	\$75	
Lunch			
Session I			\$70*
Sessions II and III, each			\$80
The Learning Zone			
Session I			\$225*
Sessions II			\$250

* Session I fees are prorated for the July 4th holiday.

DISCOUNTS

- ** Early registration discount, if the registration is received by March 15, 2018.
- When three or more children from the same family attend any of The Summer Place programs, each child receives a \$30.00 discount per session.
- Parent is a full-time or part-time University of Hartford employee.
- Early Dismissal Option (Grades 1 and 2 only) subtract \$90 from Session I tuition and \$100 from Sessions II and III.

FEE SCHEDULE

Please complete the following fee schedule:

Tuition _____

Bus _____

Extended Hours _____

Lunch _____

The Learning Zone _____

TOTAL FEES _____

50% deposit required upon registration _____

Balance due June 1 _____

METHOD OF PAYMENT

- Check (Made payable to the University of Hartford.)
- Credit Card (Must register online at summerplaceprograms.com or call the The Summer Place office at 860.768.4432)

Registrations will not be processed without appropriate payments.

PAYMENT AND REGISTRATION POLICIES

Application forms must be signed in order to be processed. In the signing of this application form, parents accept the following statements:

- Tuition fees include a nonrefundable registration processing fee of \$50 per session. Remaining fees for tuition and special options are refundable until June 1, 2018.
- I understand that after June 1, fees, including tuition, will not be refunded or prorated for withdrawal or absences.
- I understand that final payments are due by June 1, 2018. The balance will be billed by The Summer Place and delivered electronically via e-mail. I also understand that it is my responsibility to regularly check the e-mail address I provided and that The Summer Place cannot be held responsible for e-bills that are not received or viewed. Final bills can be printed and mailed with a check or paid online.
- I understand any account not paid in full by June 1, 2018 will be assessed an additional fee of \$50 per month.
- I agree to have all medical forms, required by state law, completed and returned to camp by May 1, 2018.
- I understand that my child may not attend camp until the properly completed forms and all payments have been received at camp.
- I understand that I am not entitled to a refund if my child is withdrawn or is asked to leave, when in the judgment of the director, his/her behavior interferes with the rights of others or with the smooth functioning of a group or activity, or violates the camp's principles of conduct.
- The University has my permission to use any photograph or video of my child at The Summer Place for promotional purposes only, without identification.
- The University reserves the right, prior to June 25, to make whatever changes may be deemed necessary, including course or program cancellation.
- I have read, understand, and accept the Summer Place payment and registration policies.

Signed _____ Date _____

Please provide any additional information on your child's physical, emotional, and mental development that will have any impact on his/her ability to participate in The Summer Place program.

- Vision Auditory Speech/Language Physical Dysfunction Emotional/Social Behavior
 - The camper has a health condition which may require emergency action at camp; e.g., seizures, allergies, anaphylaxis. Specify below.
- Confidential comments (this information is not carried forward from year to year; it is critical that parents update all relevant information)

Please indicate any friend request for home group. (Request should be limited to one acquaintance.)