



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

2018 SPLIT 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 a medical form within one week. Enrollment in this program is limited to 30 campers per session.

Camper's Name _____ Date of Birth _____ Grade (fall 2018) _____ Male
Camper's Address _____ Female
T-shirt size (adult) S M L XL

SPLIT PROGRAM DATES AND FEES

Table with 5 columns: Session, Dates, Description, Price, Discount. Includes Session I (June 25 - July 6), Session II (July 9 - July 20), and Session III (July 23 - August 3).

* Session I fees are prorated for the July 4th holiday. (Friday, July 3rd)

** Early registration discount if registration is received by March 15th, 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.

SPECIAL OPTIONS

BUS SERVICE - Choose one (full-day campers only)

Bus 1 Bus 2 Bus 3

Stop _____

Bus 4 Door-to-door (West Hartford residents only)

Table with 2 columns: Session, Price. Includes Session I (\$0*), West Hartford door-to-door (\$180*), Sessions II and III, each (\$0), and West Hartford door-to-door (\$190).

LUNCH

Session I \$70* Session II \$80 Session III \$80

EXTENDED HOURS

Table with 3 columns: Session, Time, Price. Includes Session I (a.m. \$35*, p.m. \$70*), Session II (a.m. \$40, p.m. \$75), and Session III (a.m. \$40, p.m. \$75).

FAMILY INFORMATION

Parent/guardian _____ Parent/guardian _____

Relationship to camper _____ Relationship to camper _____

Address _____ Address _____

Phone: Home _____ Phone: Home _____

Cell _____ please check box if you agree to receive text messages

*E-mail _____ *E-mail _____ (required for communication and billing)

*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.

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FEE SCHEDULE

Camper's name _____

Please complete the following fee schedule:

Tuition _____
Bus _____
Extended Hours _____
Lunch _____
TOTAL FEES _____
50% required deposit
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.
- I authorize my son/daughter to participate fully in all of the SPLIT off-campus activities. These activities include, but are not limited to, rock climbing, hiking, tubing, and high- and low-ropes activities. All of these are physical activities that involve risk of personal injury. I understand that The Summer Place cannot safeguard against all such injuries, and I expressly agree to assume such risk and waive and release the University of Hartford, The Summer Place, its officers, agents, employees, third parties and any federal, state, or local agencies which have jurisdiction over lands or properties upon which SPLIT programs operate, from any claim of liability, including negligence, except gross neglect, of The Summer Place for any loss, damage, or injury incurred during the program.
- 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 program cancellation.
- I have read, understand, and accept the Summer Place payment and registration policies.

Signed _____ Date _____

CAMPER'S COMMITMENT

I want to participate in the SPLIT program. If enrolled, I agree to abide by the camp's code of conduct and camp rules. I will do my best to make this a good experience for myself, and also for fellow campers. I understand that failure to live up to this promise may result in my dismissal from camp (without a refund).

Camper's signature _____ Date _____

Please indicate if your camper has any of the following issues which may affect his/her camp experience:

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)

