



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

### 2017 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 2017) \_\_\_\_\_  Male  
 Camper's Address \_\_\_\_\_  Female

SUMMER PLACE PROGRAM DATES	SPECIAL OPTIONS
Session I June 26 - July 7 <input type="checkbox"/> Session II July 10 - July 21 <input type="checkbox"/> Session III July 24 - August 4 <input type="checkbox"/>	<b>Bus Service</b> - Choose <b>one</b> stop Bus 1 <input type="checkbox"/> Bus 2 <input type="checkbox"/> Stop _____ Bus 3 <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"/>	<b>LUNCH</b> Session I <input type="checkbox"/> Session II <input type="checkbox"/> Session III <input type="checkbox"/> <b>EXTENDED HOURS</b> 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 _____
Work _____ Cell _____	Work _____ Cell _____
*E-mail _____ <small>(required for communication and billing)</small>	*E-mail _____ <small>(required for communication and billing)</small>

\*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 26 - July 7	\$885*	\$835*
Session II	July 10 - July 21	\$995	\$930
Session III	July 24 - August 4	\$995	\$930
All three sessions		\$2,655	\$2,505

**SPECIAL OPTIONS**

<b>Bus Service</b>			
Session I		\$160*	
West Hartford door-to-door		\$180*	
Sessions II and III, each		\$170	
West Hartford door-to-door		\$190	
<b>Extended Hours</b>		Morning	Afternoon
Session I		\$35*	\$65*
Sessions II and III, each		\$40	\$70
<b>Lunch</b>			
Session I		\$70*	
Sessions II and III, each		\$80	
<b>The Learning Zone</b>			
Session I		\$225*	
Sessions II		\$250	

\* Session I fees are prorated for the Friday, July 4th holiday.  
\*\* See discount information in top right-hand column.

**DISCOUNTS**

- \*\* Early registration discount, if the registration is received by March 15, 2017.
- 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. Checks will be processed using ACH.)
- 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, 2017.
- 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, 2017. 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, 2017 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, 2017.
- 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 26, 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.)