



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

2020 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 pages of this form. You will receive a confirmation and medical form within two weeks.

Camper's Name _____ Date of Birth _____ Grade (fall 2020) _____ Male
 Female
 Camper's Address _____ Gender Neutral

| SUMMER PLACE PROGRAM DATES | | SPECIAL OPTIONS | | |
|---|---|--|--|--|
| Session I | June 29-July 10 <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 13-July 24 <input type="checkbox"/> | Stop _____ | | |
| Session III | July 27-August 7 <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"/> please check box if you agree to receive text message | Cell _____ <input type="checkbox"/> please check box if you agree to receive text message |
| *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 29-July 10 | \$910* | \$805* |
| Session II | July 13-July 24 | \$1,020 | \$915 |
| Session III | July 27-August 7 | \$1,020 | \$915 |
| All three sessions | | \$2,730 | \$2,415 |

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 | | \$75* | |
| Sessions II and III, each | | \$85 | |
| The Learning Zone | | | |
| Session I | | \$225* | |
| Sessions II and III | | \$250 | |

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

DISCOUNTS

- ** Early registration discount, if the registration is received by March 15, 2020.
- 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 full-time faculty or staff at the University of Hartford or a Watkinson School 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, 2020.
- 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, 2020. 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, 2020 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, 2020.
- 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 July 1, 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.)