



JACK AND JILL SCHOOL, INC,
 8316 Michael Rd.
 Richmond, Virginia 23229
 Mary C. Cox, Director (804) 270-3030 www.jackandjillva.us



APPLICATION FOR 1/2 DAY SUMMER CAMP 2017

Tennis, Nature Studies, Arts, Crafts, Story Telling, Drama, Music, Folk Dancing, Water Safety, Swimming Lessons, Basketball, Baseball, Soccer, Area Musical Performance and Magicians, and Much, More!

Camp Begins: June 12-Sept. 1, 2017 Time: 8:30 a.m. to 12:30 Noon
 Registration/Activity Fee: \$100(non-refundable) Tuition: \$330 per session (\$165 per/week)
 Session Dates: 1st Session 6/12-6/23 4th Session: 7/24-8/4 Last 2 weeks: 8/21-9/1
 2nd Session 6/26-7/7 5th Session 8/7-8/11 (One Week)
 3rd Session 7/10-7/21 **Vacation (School Closed): 8/14-8/18**
 Ages: 2 1/2 to 12 years (Day Camp) Swimming Classes: Children 2 1/2 yrs. & up

Parent's Name: _____ Address: _____
 City: _____ State: _____ Zip Code: _____ Home Phone #: _____
Child's Name: _____ Nickname: _____ Sex: _____ Age: _____ Birthdate: _____
 Father's Occupation: _____ Bus. Phone #: _____
 E-mail: _____ Cell Phone: _____
 Bus. Address: _____ Employer: _____
 Mother's Occupation: _____ Bus. Phone #: _____
 E-mail: _____ Cell Phone: _____
 Bus. Address: _____ Employer: _____
 Child's Previous School Experience and Year Attended: _____

Previous Swimming Experience: _____ Where: _____
 Child's Pediatrician: _____ Address: _____ Tel. #: _____

Please give the name, address, and telephone number of two people we can call in case of emergency if parents cannot be reached. These should be people outside of the immediate family. Example: grandparents, aunts, uncles, etc.

Name: _____ Address: _____
 Tel. #: _____ Relationship to Child: _____
 Name: _____ Address: _____
 Tel. #: _____ Relationship to Child: _____

I am enclosing \$100 registration/activity fee per child, and the weekly tuition will be paid in advance of the appropriate session. Registration and tuition fees are non-refundable.

(Signature of parent/guardian)

By signing the above, parent/guardian acknowledges and understands that this school is operated on a pre-determined budget, and that the weekly fees must be paid to the school whether or not the child is in attendance. Weekly fees are due on Monday of each week. **THERE IS NO WAIVER OR DEDUCTION OF FEES CAUSED BY PARENT HOLIDAY, VACATION, THE CHILD'S ILLNESS, OR ANY OTHER REASON.** An up-to-date health certificate for the child is due by the first day of attendance.

IDENTITY VERIFICATION

(These Documents Must Be Shown to Jack and Jill's Director)

I wish to enroll my child for the following:		
1st Session 6/12-6/23 _____	3rd Session 7/10-7/21 _____	Camp Closed for Vacation 8/14-8/18
2nd Session 6/26-7/7 _____	4th Session 7/24-8/4 _____	
	5th Session 8/7-8/11 (one week) _____	
		Last 2 weeks 8/21-9/1 _____

Place of Birth _____ Birth Date _____ Birth Certificate Number _____ Date Issued _____
 Other Form of Proof _____
Term Registered: (Day) _____ (Month) _____ (Year) _____