

Eliot-Pearson Children's School
2018 Summer Program
Art, Music and Nature
Application Form

105 College Ave
Medford, MA 02155
617-627-3434

For office use only:tuition/
Date ___ Ck# ___ Amnt ___ due ___
Date ___ Ck# ___ Amnt ___ due ___
Date ___ Ck# ___ Amnt ___ due ___
Forms Sent Date _____

Child's Name: _____ Age : _____ DOB: _____

Current EPCS? **Y/N** - **If NO, please complete the questions on the back of this form.** →
(circle one)

Parent(s)/Guardian(s): _____/_____

Relationship(s) to Child: _____/_____

(please give address(es) of adults who should receive mail)

Address: _____

EMAIL: _____

Home phone: _____ Work phone: _____ Cell phone: _____

	Session I June 18-July 6 (no school on July 4th)	Session II July 9-July 26 (no school on July 27th)	All Summer June 18-July 26 (no school on July 4th and July 27th)	*TOTAL TUITION
Half Day 8:30-12:00	<input type="checkbox"/> \$590.00	<input type="checkbox"/> \$590.00	<input type="checkbox"/> \$1100.00	\$ _____ ** carry over to back of this form
Full Day 8:30-3:00	<input type="checkbox"/> \$1060.00	<input type="checkbox"/> \$1060.00	<input type="checkbox"/> \$2000.00	\$ _____ ** carry over to back of this form

- I request admission for my child to attend the Eliot-Pearson Children's School 2018 Summer Program.
- Enclosed is a \$200 deposit or full payment (NON-REFUNDABLE, UNLESS MY CHILD IS NOT ACCEPTED INTO THE PROGRAM), to be credited to my child's Summer Program tuition bill (checks payable to *Trustees of Tufts.*) Balances will be billed and are due on or before May 10th for both sessions. Please mail registration and payment to: Eliot-Pearson Children's School, 105 College Ave., Medford, MA 02155.
- I agree to be responsible for the summer tuition cost indicated above (in the box checked) payable to *Trustees of Tufts.* I understand that my child will not be allowed to attend the Summer Program if the tuition is unpaid. Tuition must be paid in full by: May 10th.
- I understand that this contract obligates me for the FULL tuition cost, and I am aware that there will be NO REFUNDS OR CREDITS FOR WITHDRAWAL OR ABSENCES.
- I understand that there is no program on Wednesday, July 4th, and Friday July 27th, 2018.
- I understand placement in a specific class cannot be guaranteed. All groups are mixed-ages.

My signature indicates my understanding and agreement with the above statements.

Signature of Parent/Guardian _____ Date _____

****Please fill out the back of this form.** →

****Please calculate your total cost below and sign the bottom of this form.**

You may deduct the following (please check):

\$ _____ TOTAL TUITION

** (from the front page)

Deduct \$25 for **full payments** made when registering on or before March 30, 2018 (**only if full payment is enclosed**).

- \$ _____

Deduct \$50 if your child attends public school and cannot begin Half Days Session I until June 25th.

- \$ _____

Deduct \$100 if your child attends public school and cannot begin Full Days Session I until June 25th.

- \$ _____

Please indicate amount of your check or registration cost here.

\$ _____ TOTAL COST
(After deductions)

For non-current EPCS students, please fill the following:

Please describe briefly this child's special characteristics and interests:

Developmental Health History: Has the child had any major health/developmental issues? Are there any challenges with vision, hearing, walking, speaking, or attention? Other?:

Child's Previous Group Experience (please include any school, play group, religious school, or day care):

Please check here: if your child currently receives Support Services through the public schools or privately. Please include the current IEP; if your child is receiving private services, please include a letter from the provider describing your child's current needs and supports to help us better understand your child's needs.

Signature of

Parent/Guardian _____

Date _____