



2016 Summer Camp Application

Today's Date _____

Full name of child _____ Gender _____

Birthdate _____ Current school and grade _____

Parent/Guardian name _____ Home phone _____

Address _____
Street City Zip Code

Occupation _____ Work phone _____

Skills and Interests _____ Email _____

Parent/Guardian name _____ Home phone _____

Address _____
Street City Zip Code

Occupation _____ Work phone _____

Skills and Interests _____ Email _____

Where did you hear about our school? _____

Please state briefly the reasons for your interest in this school _____

Has your child participated in any preschool programs? Which ones? _____

Does your child have any food/other allergies? _____

Does your child take medicine regularly? _____

Does your child have a medical condition that would prevent any regular play activity? _____

Name of Child's Physician _____ Phone # _____

In a paragraph, please describe your child, including interests, tendencies and characteristics



Acorn School 2016 Summer Camp Fee Schedule

Weekly Enrollment - \$225 per week
Register for all five weeks - \$200 per week

June 20-23 _____
June 27- June 30 _____
July 5-8 _____
July 11-14 _____
July 18-21 _____
Total fee _____

Please return this application along with \$100 deposit to insure a place for your child.
*Make checks payable to **Acorn School**.*

Mail application along with \$100 deposit to:
Acorn School
2911 Lucas Tpke
Accord, NY 12404
845-443-1541
motria@acornschoollhouse.com