



CENTER FOR GROWTH & INNOVATION SUMMER 2014 ENROLLMENT APPLICATION | SIDE 1

Please complete both sides of this application, sign the back of the form and return it with a \$300 deposit per participant. Due to the unique format of these programs, enrollment is limited. You are encouraged to sign up early. Applications will be accepted on a first-come, first-serve basis, and enrollment is determined by postmark date. If all of your requested weeks are available, you will receive a confirmation notice in the mail. If any of your requested weeks are filled, we will contact you and you will have the option to be placed on our waiting list.

Please note: Full payment of the tuition is required for all applications sent after April 1, 2014.

Participant's First Name Initial Participant's Last Name Birth Date - - Gender (M/F)

Grade Next Fall School (please print full name of school)

HEALTH INFORMATION

Please note any special information that we should be aware of including special needs (i.e. medical issues, allergies and/or social/physical conditions that require special attention).

Please check all that apply:

- Medication Medical Condition Life-Threatening Allergy Allergy Asthma Special Needs Cardiac Condition Other

Please Comment: _____

Are there any special areas (i.e. activities, new friendships, interests, etc.) that you wish to have emphasized, nurtured or developed this summer?

Please list any children in your family NOT attending this summer that you may consider in the future.

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

PARENT INFORMATION

Mrs. Mr. Dr. Ms. Parent/Guardian #1 First Name Initial Parent/Guardian #1 Last Name

Parent/Guardian #1 Work Phone - - Ext. Parent/Guardian #1 Cell Phone - - Parent/Guardian #1 E-mail Address

Mrs. Mr. Dr. Ms. Parent/Guardian #2 First Name Initial Parent/Guardian #2 Last Name

Parent/Guardian #2 Work Phone - - Ext. Parent/Guardian #2 Cell Phone - - Parent/Guardian #2 E-mail Address

Street Address Home Phone #1 - -

City State Zip Code Home Phone #2 - -

Who should receive correspondence at the above address? Parent/Guardian #1 Parent/Guardian #2

I give permission for my home phone number(s) to be accessible to other families Yes No

EMERGENCY & SECURITY INFORMATION

Please provide a "Security Password" which will be required when you are requesting participant information or making scheduling changes.

Password: _____ Password Reminder: _____

Who is the emergency contact person in the event that both parents are unavailable?

Name: _____ Relationship: _____ Phone 1: () _____ Phone 2: () _____

Who is permitted to pick up other than the parents/guardian(s) listed above?

Name: _____ Relationship: _____ Phone 1: () _____ Phone 2: () _____

My child has his/her driver's license and will be driving themselves.

REFERRALS

Do you have any friends to whom you would like us to mail a brochure?

Name: _____ Name: _____

Street Address: _____ Street Address: _____

City/State/Zip: _____ City/State/Zip: _____

Home Phone: _____ Home Phone: _____



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PLEASE REFER TO EASUMMER.COM FOR UP-TO-DATE COURSE INFORMATION TO COMPLETE THE FIELDS BELOW.

*No programs on Friday, July 4, 2014.

	Full Day Program	OR Half Day Program/Single Class	
	(9am - 3pm)	Morning	Afternoon
Week 1: June 9 - June 13		Text	
Week 2: June 16 - June 20			
Week 3: June 23 - June 27			
Week 4: June 30 - July 3*			
Week 5: July 7 - July 11			
Week 6: July 14 - July 18			
Week 7: July 21 - July 25			
Week 8: July 28 - August 1			
Week 9: August 4 - August 8			
Week 10: August 11 - August 15			

LATE AFTERNOON CLINICS & WORKSHOPS

Monday-Thursday 3:30 - 5:45pm. Clinics with an * run until 4:45pm.

JUNE 23 - 26

- Archery Clinic \$135
- Basketball Clinic \$135
- Duct Tape Design \$140
- Lacrosse Clinic \$135

JULY 21 - 24

- Baseball Clinic \$135
- Lacrosse Clinic \$135
- Pee Wee Multi-Sports Fun* \$80
- Tennis Clinic \$135

JULY 7 - 10

- Ooey Goey Messy Science \$140
- Painting on Canvas \$140
- Soccer FUN-damentals* \$80
- Tennis Clinic \$135

JULY 28 - 31

- Basketball Clinic \$135
- Etiquette, Manners & More \$140
- Magic Tricks and Circus Skills \$140
- Teeball FUN-damentals* \$80
- Tennis Clinic \$135

JULY 14 - 17

- Archery Clinic \$135
- Clay & Ceramics Workshop \$140
- Rock Wall Clinic \$135
- Soccer Clinic \$135
- Tennis Clinic \$135

AUG 4 - 7

- Archery Clinic \$135
- Baseball Clinic \$135
- Soccer FUN-damentals* \$80
- Tie Dye Workshop \$140

Please make checks payable to:
EA Summer Programs

Send this form to:
EA Summer Programs
750 E. Haverford Road
Bryn Mawr, PA 19010

PLEASE ENROLL IN:

- Optional Lunch Program** (\$37.50 per week)

I AM INTERESTED IN:

- Admissions information for The Episcopal Academy

GROUPING/CLASS FRIEND REQUEST

(Must be entering the same grade next fall):

Friend's Name: _____

Friend's Home Phone Number: _____

IF THIS IS YOUR FIRST YEAR, HOW DID YOU HEAR ABOUT US?

- From a Friend

Friend's Name: _____

Friend's Phone Number: _____

- Saw a sign
- Newspaper Article
- Flyer from School
- Attend EA

- Ad/Internet: _____

- Other: _____

Questions? Call:
610-581-7100
EAsummer.com

IMPORTANT: CLINIC & WORKSHOP AGES AND TIMES VARY. YOU MAY SIGN-UP FOR MULTIPLE WEEKS, HOWEVER PLEASE CHOOSE ONLY ONE PROGRAM PER WEEK.

HOW TO ENROLL

Please complete both sides of this application, sign the form, and mail it with full payment or a \$300 deposit per participant to the mailing address above. **Space is limited. Applications will be accepted at any time, on a first-come, first-served basis and enrollment is determined by postmark date.** If you need an additional application, you may photocopy the attached form or call us and we will send you another. Applications will not be accepted by fax. **The balance of the tuition is due by April 1, 2014.**

FAMILY, GROUP & REFERRAL DISCOUNTS

A **5% Family Discount** is given to families enrolling 2 or more participants. This discount applies to each participant after the first in your immediate family. (The first child is the participant with the higher tuition.) Our **5% Group Discount** allows you and your friends to receive

a 5% discount off program tuition. All you need to do is send 3 or more applications in the same envelope! For families enrolling online, call our office and we will assist you. (Please note: Family and Group Discounts are separate and may not be combined.) For details please call us or visit easummer.com.

CANCELLATIONS & CHANGES DEADLINE: APRIL 1, 2014

If you need to cancel your enrollment in , you must notify us in writing by **April 1, 2014** in order to receive a refund. Cancellations on or prior to this date are subject to a \$50 processing fee per child. No refunds will be given out after **April 1, 2014** regardless of your registration date. Changes in enrolled weeks are based on availability and must also be made on or before the **April 1, 2014** deadline.

PLEASE READ AND SIGN BELOW:

On behalf of my child, I accept any and all risks associated with his/her attendance and participation in the program and its activities. I understand that my child should not attend the program if he/she is not healthy. I understand that my child must abide by program policies and the instructions of the program staff. I agree that should my child be dismissed from the program for any reason, no part of my tuition will be refunded. I understand that no reduction in the tuition will be made for late arrival, early departure, vacations, illness or injury. In the event that I cannot be contacted in an emergency, I hereby grant ESF, Inc. (ESF) permission to give immediate treatment and/or take my child to a hospital emergency room. Permission is hereby granted for photographs and/or videos to be taken of my child at the program and ESF has the right to utilize these in our brochures, videos, slide shows, web site, and other program materials. Permission is also granted for my child (if enrolled in Sports Camp and Senior Camp) to attend all scheduled field trips. Knowing these facts and in consideration for your accepting my child's application, I, for myself, my child attending the program, and anyone else who might claim on my or my child's behalf ("I"), hereby agree that neither ESF nor The Episcopal Academy, are responsible for any and all accidents, injuries, and/or medical or dental expenses arising from my child's participation in the program and, accordingly, I covenant not to sue, and waive, release and discharge ESF, The Episcopal Academy, and anyone working on their behalf from any and all claims of liability or expenses of any kind or nature whatsoever arising out of or relating to my child's participation in the program. I have carefully read all of the information in this application form and agree to all conditions.

Printed Name of Parent/Guardian _____

Signature _____

Date _____