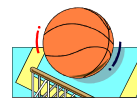




**JACK AND JILL SCHOOL, INC.**  
 8316 Michael Rd.  
 Richmond, Virginia 23229  
 Mary C. Cox, Director (804) 270-3030  
 www.jackandjillva.us



**APPLICATION FOR 1/2 DAY SUMMER CAMP 2012**

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 11-August 31, 2012

Time: 8:45 a.m. to 12:30 pm

Registration/Activity Fee: \$75 (non-refundable)

Tuition: \$260 per session (\$130 per/week )

Session Dates: 1st Session: 6/11-6/22

4th Session: 7/23-8/3 Last 2 weeks: Weeks of 8/20-8/31

2nd Session 6/25-7/6

5th Session (1 wk): 8/6-8/10

3rd Session 7/9-7/20

Vacation (School Closed): 8/13-8/17

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 \$75 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. A copy of the school's Rules and Regulations is being provided to the parent with this application, and parent agrees to adhere to these policies.

**IDENTITY VERIFICATION**

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

Place of Birth \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Certificate Number \_\_\_\_\_ Date Issued \_\_\_\_\_

I wish to enroll my child for the following:		
	3rd Session 7/9-7/20 _____	
1st Session 6/11-6/22 _____	4th Session 7/23-8/3 _____	<b>Camp Closed for Vacation 8/13-8/17</b>
2nd Session 6/25-7/6 _____	5th Session (1 wk) 8/6-8/10 _____	Last 2 wks. of Summer 8/20-8/31

Other Form of Proof \_\_\_\_\_

**Term Registered: (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \_\_\_\_\_**