

Timmerman School

Summer Sessions Application

Community Students

Activity Fee: \$175 per student (Due with application)

Circle your session	Session 1	Session 2
	May 30-July 7 (Closed July 4)	July 10- August 18
Cost	\$1350 (\$225 a week)	\$1350 (\$225 a week)

Child: (Please Print)

Name: (First) _____ (Last) _____ Age: _____

Last Grade Completed: _____ Birth Date: ____/____/____

Parents:

Mother's Name: (First) _____ (Last) _____

Address: _____ City _____

Zip code _____ E-mail _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father's Name: (First) _____ (Last) _____

Address: _____ City _____

Zip code _____ E-mail _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Alternate Contact: (neither Mother nor Father)

Name: _____ Relationship: _____

Home Phone: _____ Work or Cell Phone: _____

Doctor:

Name: _____ Phone: _____

In case of emergency, Timmerman School has permission to seek medical attention for my child,
(name of student) _____

Signature _____ Date _____ (over)

Hospital Preference _____

Does your child have any allergies? ____ Yes ____ No

List All: _____

Does your child have any special medical needs? ____ Yes ____ No

List All: _____

All maintenance medications must be signed in at Room 5. Staff will not administer medication without a doctor's orders.

Name of Health / Accident Insurer: _____

Does your child have any dietary restrictions? ____ Yes ____ No

List All: _____

By accepting this contract, I understand that space is reserved for my child for the summer of 2023, and that I am responsible for the full amount of the session/sessions that I selected. The total cost of \$1350 is due even if my child does not attend all weeks. Fees are payable weekly and due whether or not my child attends for the entire session.

Parent's Signature: _____ Date: _____

My child, _____, has my permission to take part in all activities of Timmerman School Summer Camp. This includes transportation to and from any activity or field trip under the supervision of Timmerman School personnel. I understand that my child must arrive and depart all field trips on Timmerman approved transportation with Timmerman personnel and will attend all field trips with his or her class.

Parent's Signature: _____ Date: _____

Summer Activity Fee must accompany the Application. We cannot reserve your child's space without the payment of this Activity Fee.

Each child must provide the following forms: Immunization (1148 OR 1125), 2900 DSS Health Form and Medical Release Form or follow DHEC infectious diseases exclusion policies.

The following people are authorized to pick-up my child from Timmerman School:

Name	Driver's License# & State
1. _____	_____
2. _____	_____
3. _____	_____