

# Timmerman School

## Summer Sessions Application

### Community Students

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

Circle your session	Session 1	Session 2
	May 31-July 8 (Closed July 4)	July 11- August 19
Cost	\$1140(\$190 a week)	\$1140(\$190 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 2022, and that I am responsible for the full amount of the session/sessions that I selected. The total cost of \$1140 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: \_\_\_\_\_

**A 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. _____ | _____                     |