



SUMMER PROGRAM 2023

Enrollment & Medical Release Form

Student's Name: _____ Age: _____ Birthdate: _____

Home Address: _____ State: _____ Zip: _____

Student's Physician: _____ Phone Number: _____

Allergies, physical differences, special needs, etc.: _____

Additional health or treatment Information: _____

Parent # 1 – Name: _____

Address: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____

E-mail Address: _____

Parent # 2 – Name: _____

Address: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____

E-mail Address: _____

Emergency Contacts:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

Parent/guardian please read, initial, and sign below:

_____ This is to certify that the above named child is given permission to attend the Grassroots Free School System, Inc.

_____ I, the authorized legal parent/guardian hereby authorize the Grassroots Free School System, Inc., its staff members, and agents to obtain any emergency medical assistance, professional services, or transportation for the above named student when deemed necessary by the school's staff or agents.

_____ I, the parent/guardian of the enrolled child, understand and agree that it is my responsibility to notify the school in writing if there are any changes in the above information.

Parent/Guardian signature: _____ Date: _____



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Tuition Worksheet

WEEKLY (one week at a time)

\$130 per week

Mon. – Fri. 9:30 AM – 3:00 PM

EXTENDED CARE

7:30 – 9:30 AM & 3:00 – 5:30 PM

\$5/day (morning)

\$5/day(afternoon)

DAILY (no pre-registration required)

\$35 per day

9:30 AM – 3:00 PM (3 day maximum per week)

****Family Discount of 15% off the entire cost if siblings attend at the same time!****

Dates of Attendance: _____ to _____

Times of Attendance: _____ AM to _____ PM

Please enclose the full cost of your summer plan with your registration.

WEEKLY

\$130 x _____ # of weeks x _____ children = \$ _____

EXTENDED CARE

\$5 x _____ #of mornings x _____ children = \$ _____

\$5 x _____ #of afternoons x _____ children = \$ _____

DAILY

\$35/ day x _____ days x _____ children = \$ _____

Less 15% for more than one student

TOTAL = \$ _____

_____ (please initial) I, the parent/guardian of the enrolled child, understand and agree that it is my responsibility to notify the school in writing if there are any changes in the above information.

Parent/Guardian signature: _____ Date: _____