

The Marlowe School, LLC

2022 Summer Application

Child

First	Middle	Last
Sex:	Date of Birth:	
	Place of Birth:	
Address:		

Parents or Legal Guardians

Name	Name
Employer	Employer
Phone 1	Phone 1
Phone 2	Phone 2
Email Address	Email Address

Health

Pediatrician's Name	Pediatrician's Phone
Allergies	Restrictions or Physical Impairments

Have any vision problems been detected? (If so, please explain.)

Have any hearing problems been detected? (If so, please explain.)

Student Release

My child may be released from school to the person signing this agreement or to the following:

Name

Phone

Additional Emergency Contact

Phone

APPLICATION PROCEDURE

1. A signed application and enrollment agreement should be emailed to kristingrant@themarloweschool.com.
2. After the application is received, a payment link for \$25 equipment & supply fee + 50% of the total camp fees will be sent. Once payment is submitted, your child's place will be reserved on our camp roster. This payment is non-refundable.
3. The remaining 50% will be due by June 1.
4. There are no make-up days for missed camps. However, days may be added if space is available.
5. **Please note that all students must be potty trained before their first day of camp.**

The Marlowe School has a non-discriminatory policy relative to race, color, gender, religion, sexual orientation, and national or ethnic origin with respect to the admission of students and the employment of faculty and administrative staff.

The Marlowe School, LLC



Emergency Medical Authorization

Should (Child) _____ (DOB) _____

suffer an injury or illness while in the care of The Marlowe School, LLC, and the facility is unable to contact me immediately, the responsible person at The Marlowe School shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) agree to keep The Marlowe School informed of change of telephone numbers, etc. where I can be reached. The Marlowe School agrees to keep me informed any incidents requiring professional medical attention involving my child.

Child's primary source of health care is:

Physician's Name _____ Phone _____

Hospital Preference _____

Known medical conditions (i.e. diabetic, asthmatic, drug allergies):

IN EMERGENCIES REQUIRING IMMEDIATE MEDICAL ATTENTION, YOUR CHILD WILL BE TRANSPORTED BY AMBULANCE TO THE NEAREST HOSPITAL EMERGENCY ROOM. YOUR SIGNATURE AUTHORIZES THE RESPONSIBLE PERSON AT THE MARLOWE SCHOOL TO HAVE YOUR CHILD TRANSPORTED TO THAT HOSPITAL. IN ADDITION, THE PERSONS YOU HAVE INDICATED TO BE CONTACTED IN AN EMERGENCY ARE AUTHORIZED TO TRANSPORT YOUR CHILD TO YOUR HOSPITAL PREFERENCE.

Parent's Name _____ **Parent/Guardian's Signature** _____ **Date** _____

IN THE EVENT THAT NEITHER YOU (THE PARENTS OR THE GUARDIANS) NOR THE FAMILY PHYSICIAN CAN BE CONTACTED IMMEDIATELY IN AN EMERGENCY SITUATION, DO YOU AUTHORIZE THE EMERGENCY ROOM STAFF AT THE NEAREST HOSPITAL TO PROVIDE EMERGENCY CARE FOR YOUR CHILD? YOUR SIGNATURE AUTHORIZES SUCH EMERGENCY CARE.

Parent's Name _____ **Parent/Guardian's Signature** _____ **Date** _____

INSURANCE INFORMATION

Insurance Company _____ **Policy Number** _____ **Date** _____