



Egremont Schools, Inc.

A Non-Profit Corporation

19850 Devonshire St.
Chatsworth, CA 91311
818-363-7803 FAX 818-831-5670
www.egremont.org

Contact Information ~ Summer Camp *(Must be fully completed for each child)* Please Print

Student Enrollment of: _____ Male _____ Female _____
First Name Middle Last

To enter Egremont School grade: _____ Beginning ____/____ Through ____/____ Date of Birth _____

Known Medical or Allergy Conditions? _____

Pediatrician/Dr. _____ Phone: _____

Health Insurance Carrier: _____ Phone: _____

Local Emergency Contacts: _____ Phone: _____

_____ Phone: _____

Name of Persons you authorize _____ Phone: _____

to pick up student after summer camp _____ Phone: _____

(attach additional Names and Numbers) _____ Phone: _____

_____ Phone: _____

Title (Circle) Mr. Mrs. **Parent A** Ms. Miss Dr. Mr. Mrs. **Parent B** Ms. Miss Dr.

Name (First, Last) _____

Relationship to student Mother Father Guardian Other _____ Mother Father Guardian Other _____

Home Address _____

Residence & Cell Phones _____

E-Mail Addresses _____

Occupation _____

Business Address _____

Business Phone Number _____

Student Resides with: Parent A Parent B Other: _____

Financially Responsible Party: Parent A Parent B Other: _____

The foregoing being declared as accurate by the undersigned responsible parties, it is understood the student named above will be enrolled at Egremont Schools, Inc. for the session specified, subject to health, behavior, and academic standards. The parties executing this agreement for the student agree to pay all costs of summer camp for student including fees, Extended Day Care, enrichment, and other services, in accordance with this contract and Egremont's customary fees and policies. Each student accepted at Egremont is so selected based upon his or her individual merits without consideration of race, color, creed, sex, national origin, disability, ancestry, or any other consideration made unlawful by federal, state, or local laws. Egremont reserves the right to request the withdrawal of any student at any time without notice for violation of safety, conduct, academic, or financial responsibility standards. We have the right to terminate the child's enrollment based on the inability to meet his/her needs.

Late payments are subject to processing and handling charges and collection fees, as are returned checks. In the event of default by any persons executing this agreement, Egremont Schools, Inc. shall be entitled to full recovery of all of its costs, including, but not limited to, cost of collection charges or fees and all attorney fees.

Parent A _____ Date _____ Parent B _____ Date _____

Other Financially Responsible Party: _____ Date _____