

**MIDDLEBURY SUMMER 2025**

**ONE CHILD PER FORM/ ONE FORM FOR EACH CHILD is required.**  
 ~~This Enrollment Form is valid for one calendar year from the date of enrollment~~



**Child's Legal Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

**Date of Birth with year:** \_\_\_\_\_ **Age:** \_\_\_\_ **Gender:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Relationship to Child** \_\_\_\_\_

Best Phone #	2 <sup>nd</sup> Phone #	Employer	Work Phone #
Mailing Address:			E-Mail:

**Parent/Guardian Name:** \_\_\_\_\_ **Relationship to Child** \_\_\_\_\_

Best Phone #	2 <sup>nd</sup> Phone #	Employer	Work Phone #
Mailing Address:			E-Mail:

**EMERGENCY CONTACT PERSONS:** These are the persons to be contacted in case of an emergency IF parent(s) or guardian(s) cannot be reached. These must be someone in the local area, within 20 minutes' distance if possible, in case this child needs to be picked up due to illness, etc.



Name	Phone #	Work Phone #	Relationship	Address

**IN CASE OF EMERGENCY**

**IF parents/guardians or above-named person(s) cannot be contacted, AND the situation calls for immediate attention, I HEREBY AUTHORIZE MJCC SCHOOL AGE PROGRAM STAFF TO SEEK EMERGENCY MEDICAL ATTENTION FOR THIS CHILD.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**Pick-Up PERMISSIONS:**

PICK-UP: This is the list of **all** who may pick up this child—parent/guardian, siblings, neighbors—**ALL persons**. The SCHOOL AGE PROGRAM will not release your child to anyone except the persons listed here, and on page 1, unless written or verbal permission is provided, for your child's protection. THESE PERSONS SHOULD BE PREPARED TO FURNISH CURRENT IDENTIFICATION IF ASKED BY PROGRAM STAFF, to ensure safety of the child.

**I GIVE PERMISSION FOR THE FOLLOWING INDIVIDUALS TO PICK UP MY CHILD FROM THE SCHOOL AGE PROGRAM:**

NAME:	PHONE NUMBER(S)	Relationship to Child

**Parent/Guardian Access Information:**

Families always have access to their child, their child's files, and, within reason, to the Program staff. MJCC School Age programs recognize that in most situations, both parents have a legal right to be a part of their child's life.

MJCC programs deny parent/guardian access to a child **only** if there is a legal document on file at the program site and the MJCC office.

**If there are any individuals not LEGALLY permitted access to this child, list below:**

\_\_\_\_\_

Please note: If one parent/guardian is not allowed to pick up this child, or to have access, we must have a copy of legal documentation stating this in the child's file. Please advise of any changes as they occur during the year.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**CHILD'S Physician and Dentist**

Doctor's Name:	Doctor's Phone Number:
Dentist's Name:	Dentist's Phone Number:

Does this child have any **ALLERGIES**? \_\_\_\_ If yes, please list: \_\_\_\_\_

Are any **MEDICATIONS** taken on a regular basis? \_\_\_\_ Please list with dosage and frequency:

\_\_\_\_\_

\_\_\_\_\_



**Health Information:**

A). Has this child ever had an **allergic reaction**? Yes \_\_\_\_ No \_\_\_\_

If yes, please describe warning signs or indicators of the allergic reaction that might be observable in your child in the event of accidental contact with the cause of the reaction here.

\_\_\_\_\_

\_\_\_\_\_

Please speak to a site director about the specifics of the reaction, and provide written directions for staff, if appropriate and necessary.

B). Does this child have any **medical conditions/ diagnosis**? Yes \_\_\_\_ No \_\_\_\_

If yes, please detail or describe here.

\_\_\_\_\_

\_\_\_\_\_

If you are unsure about whether this child's situation needs to be shared with staff, please speak with a site director to help you decide.



**EXCHANGE OF INFORMATION (please check and sign/date):**

I give permission for the **SCHOOL AGE PROGRAM** staff to share information in the best interest of this child with school staff  school counselor  other team members

I give permission for school staff  school counselor  other team members  to exchange information in the best interests of this child.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Permissions granted here are valid for one year from the date listed above.)

**MIDDLEBURY SUMMER 2025**

**Family Information:**

The SCHOOL AGE PROGRAMS ask for a bit of information about family relationships and people that are important in their lives, to best serve this child. For safety and legality, we ask for brief, clear answers to the following questions:

A). Does this child have any siblings? Yes \_\_\_ No \_\_\_  
If yes, please list their names and ages:

\_\_\_\_\_

B). Are this child's parents/guardians – Separated? Yes \_\_\_ No \_\_\_ Divorced? Yes \_\_\_ No \_\_\_  
If appropriate, briefly describe this child's custody and/or visitation arrangements.

\_\_\_\_\_

\_\_\_\_\_

C). Please describe the important people in this child's living situation, (as a part of this child's extended family, relatives, living together with others, etc., for examples.

\_\_\_\_\_

\_\_\_\_\_

School Child is Attending: \_\_\_\_\_

Grade **Completed** by start of Summer Session: \_\_\_\_\_

Does this child receive specialized services at school? Yes \_\_\_ No \_\_\_

Individualized education Plan (IEP)/ learning specialist/classroom assistant/counselor? Yes \_\_\_ No \_\_\_

If yes, how may SCHOOL AGE PROGRAMS meet special needs?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Parent/Guardian Permissions:**

1). I give permission for the staff of the SCHOOL AGE PROGRAM to **administer Children's Tylenol** in the event that I cannot be reached, and my child has a fever of 100 or above.

Parent Initial \_\_\_\_\_ Date: \_\_\_\_\_

2). I give permission for the SCHOOL AGE PROGRAM STAFF to access my **child's immunization records** from the VT Department of Health database (immunization records only).

Parent Initial \_\_\_\_\_ Date: \_\_\_\_\_

3). I understand that occasionally **photographs** might be taken of children in school age programs. I give permission for photographs including my child to be used in brochures, magazine/newspaper or other publicity materials, without payment to me.

Parent Initial \_\_\_\_\_ Date: \_\_\_\_\_

4.) I give permission for (please check and sign):

My child to go on **field trips, off-site hikes, etc.**, with the understanding that adequate adult supervision will be maintained, and that safe transportation, if needed, will be provided.

My child to **SWIM** with the SCHOOL AGE PROGRAM—advance notice provided.

- To swim at the Middlebury Town Pool
- To swim at Branbury Beach (Branbury State Park)

SCHOOL AGE PROGRAM STAFF to apply: Sunscreen  Insect Repellent

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please check your enrollment form for accuracy and completeness. *This becomes our best record of your child's information, and is required by our licensing agency, the Vermont Child Development Division.* You will receive confirmation of your child's official acceptance from MJCC School Age Programs.

I understand the questions asked in this form, and I have completed them fully and correctly. I understand that my child is not enrolled until this form and any other necessary documents are on file with Mary Johnson Children's Center School Age Programs.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**General Interest Survey Questions:**

1) How can we best meet the needs of your child?

Likes \_\_\_\_\_

Dislikes \_\_\_\_\_

2) What techniques work best when your child is upset?

\_\_\_\_\_  
\_\_\_\_\_

3) How does your child tend to enter group experiences?

\_\_\_\_\_

4) Any other information you would like our staff to know?

\_\_\_\_\_  
\_\_\_\_\_

5) What size shirt does your child wear?

Child: XS    S    M    L    XL

Adult: XS    S    M    L    XL

6) Are there any students your child desperately wants to be in the same room as them?

\_\_\_\_\_

7) Are there any teachers your child wants to have?

\_\_\_\_\_

**MIDDLEBURY SUMMER 2025**

**Mary Johnson Summer Camp**  
**CODE OF CONDUCT**

In attending the Mary Johnson Summer Camp, I will:

- respect my teachers and classmates;
- not bully or start fights with others, like:
  - using mean words to hurt others;
  - excluding someone on purpose;
  - cursing or swearing at someone;
  - physically fighting and hurting others.

In attending the Mary Johnson Summer Camp, I understand that I have the right to:

- have fun;
- feel safe and happy;
- be protected from bad behavior;
- talk and be listened to, especially if I have concerns or do not feel safe;
- know where to go for help or who to talk to if I am scared or worried about something.

If I am unable to perform the tasks above, I understand that I will be asked:

- To leave the program for 2 days the first time it happens;
- To leave the program for a week the second time it happens;
- We will set up a time for parents to meet with program Administration to create a plan or the child will permanently leave the Summer program if it happens a third time.

Child's Name

Child's Signature

\_\_\_\_\_

\_\_\_\_\_

Parent's Name

Parent's Signature

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_





**MIDDLEBURY SUMMER 2025**

## Tuition Agreement SUMMER 2025

Mary Johnson Children’s Center is a nonprofit corporation which is dependent upon tuition fees to cover salaries and other expenses. Fees must be paid regularly and promptly.

**TUITION IS DUE BASED ON ENROLLMENT REGARDLESS OF ATTENDANCE.**

Staff is assigned and programs developed based on the numbers of children enrolled on a daily basis. Tuition is based on the total yearly costs of the program, payable weekly as a convenience to parents.

**NOTIFICATION OF CHANGES MUST BE GIVEN TO THE SCHOOL AGE CARE PROGRAMS DIRECTOR.**

Parents may change a schedule, or withdraw a child at any time, with the required two weeks’ notice. Parents wishing to withdraw their child, but who fail to provide two weeks’ notice will be liable for the last two weeks’ tuition.

**TUITION ADJUSTMENTS:**

For families with two or more children attending, the cost for each additional child attending per day is listed below. If you have questions, call MJCC, at 802-388-2853.

<b>RATES</b>			
<b>Full Day: per day \$ 55.00; second/each additional child \$44.00</b>			
<b>Full week enrollment (5 full days): per week \$235.00; second child \$188.00</b>			
	<b>1 child</b>	<b>2 children</b>	<b>3 children</b>
<b>1 day</b>	<b>\$55</b>	<b>\$99</b>	<b>\$143</b>
<b>2 days</b>	<b>\$100</b>	<b>\$180</b>	<b>\$260</b>
<b>3 days</b>	<b>\$145</b>	<b>\$261</b>	<b>\$377</b>
<b>4 days</b>	<b>\$190</b>	<b>\$342</b>	<b>\$494</b>
<b>5 days</b>	<b>\$235</b>	<b>\$423</b>	<b>\$611</b>

**POTENTIAL SURCHARGE FOR LATE PAYMENTS:**

The Board of Directors has determined that in order to avoid late payment of tuition, and remain equitable to all parents and guardians, A SURCHARGE OF 10% MAY BE ASSESSED AGAINST ANY PARENT OR GUARDIAN WHO IS MORE THAN 30 WORKING DAYS LATE IN PAYING AMOUNTS DUE, AND WHO HAS NOT AGREED TO A PAYMENT PLAN WITH CENTER DIRECTOR. The Center Director is authorized to terminate a child’s enrollment for failure to pay tuition and penalty charges. In addition, the Board of Directors may act to collect overdue accounts by legal processes.

- I understand and agree to the above terms and conditions.
- I hereby enroll my child \_\_\_\_\_ in the MJCC SUMMER Program.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**MIDDLEBURY SUMMER 2025**

**Potential Days Attending Camp**

Please mark each day you plan on sending your child to camp with an X.  
 This is a tentative schedule as we will not know what days we will be running  
 Summer camp until the school district releases next year's school calendar. The  
 official schedule will be released in late April or early May.

Program Weeks	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Week 1</b> June 16-20			18 First Day of Camp	19	20
<b>Week 2</b> June 23-27	23	24	25	26	27
<b>Week 3</b> June 30-4	30	1	2	3	4 No Program
<b>Week 4</b> July 7-11	7	8	9	10	11
<b>Week 5</b> July 14-18	14	15	16	17	18
<b>Week 6</b> July 21-25	21	22	23	24	25
<b>Week 7</b> July 28-1	28	29	30	31	1
<b>Week 8</b> August 4-8	4	5	6	7	8 Last Day of Camp