

Bushy Hill Mentoring Program Fall 2010

Name _____ Boy: ___ Girl: ___ Age/Upcoming Grade _____
 Street Address: _____ D.O.B.: _____
 Town: _____ Zip: _____ Home Phone: () _____
 Family E-mail _____ RETURNING MENTEE? YES NO
 Father or Guardian: _____ Work/Cell Phone () _____ please put both
 Mother or Guardian: _____ Work/Cell Phone () _____ please put both
 Emergency Contact Person: _____ Phone/Relation () _____

Bushy Hill Mentoring Program

Our mentoring program is based on commitment, respect and responsibility. We will endeavor to meet your needs. However, for this program to work well, participants are expected to attend on a **scheduled weekly basis**.

Program Scheduling follows the regional school district no. 4 Chester, Deep River and Essex elementary
 Available at: <http://www.reg4.k12.ct.us/pdf/2010-11Calendar.pdf>

Fees are as follows:
\$15 per regular day/ \$30 for early dismissal day/ school professional development day \$60
3 or more days per week \$2 off per day
Bus transportation from Essex Elementary and Deep River Elementary to Bushy Hill is included in the Tuition

Billing will be due prior to the month of service on the 15th

Early dismissal days are scheduled for:

<u>September</u> 24 th	<u>October</u> 20 th 21 st and 22 nd	<u>November</u> 10 th and 24 th
<u>December</u> 3 rd and 23 rd	<u>February</u> 11 th	<u>March</u> 23 rd , 24 th and 25 th
<u>May</u> 6 th		

Professional development days (all day 8 till 6) are scheduled for:

October 8 th	January 18 th	April 1st
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We will not be offering mentoring programs during February and April vacation. However we do offer fantastic vacation camps. Contact us for details

Parent Communication

The staff of the Bushy Hill Day Camp very much considers itself partners with parents in the care of your and our kids. We are always willing and happy to discuss any issues regarding your child. Please note, if your child has illness or injury that will affect their participation in camp activities, you will be notified immediately by the directors. If there are life threatening issues, we will activate Emergency Medical Services and then contact you immediately. If the issue is minor (band-aid-on-finger or sit-down-in-the-shade kind of care) we will let you know at pick-up time. If there is any reason you would like to know

Please check the days you would like your child to attend

Monday	Tuesday	Wednesday	Thursday	Friday

Signature of parent or guardian _____ Date _____

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CREDIT CARD OPTION NOTE- A 3% SERVICE CHARGE WILL BE ADDED TO YOUR BILL WHEN PAYMENT IS MADE USING A CREDIT CARD

Camper name (s) _____ Total to be charged \$ _____

Card holder name _____ Master Card _____ Visa _____

Zip code of billing address _____ Card # _____

Exp. Date _____ 3 Digit Security Code _____ Phone #() _____

Please Read Carefully

This application has my consent. I authorize the Care Provider to act for me according to his/her best judgment in any emergency, and in the event that I cannot be reached, I hereby give permission to the selected physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. My child has permission to take part in all organized and supervised activities. The program, for publicity purposes, may use photographs and videos in which my child appears. I understand that Bushy Hill will not accommodate children with severe behavioral problems. Children with frequent violent or uncontrollable outbursts, an unwillingness to respond to supervision or behavior that infringes upon the experience of others will be asked to leave our program.

PLEASE CALL OUR BUSSINESS OFFICE AT 860-767-0848 TO DISCUSS PAYMENT PLAN OPTIONS