

Camp Registration Form 2015

203-590-3301

Grandma Josie's, LLC 477 Main St. Monroe, CT 06468

www.grandmajosiescandies.com



Name: _____

Email: _____ CELL # _____

Child's Name/Nickname: _____ DOB: _____

Home Ph: _____ Work Ph: _____

ADDT'L EMERGENCY _____

Cell: _____ Wk: _____ Hm: _____

Child's School Name & Grade _____

Pediatrician: Name & Phone: _____

Your Address: _____

Is your child now or has your child ever been under the care of a psychologist, social worker, school counselor, tutor, physical therapist or have an IEP?

Yes /No

If yes, please describe:

Has your child been prescribed medications for emotional or learning issues? Does your child have a medical condition or limitations of any kind such as diabetes or allergies which may affect their ability to participate fully in this program?

Please describe: _____

I acknowledge that my child has no known peanut allergies and that Grandma Josie's, LLC is in no way responsible for as yet undiagnosed allergies or allergic reactions to the environment or foods created and served.

I am entering into this activity willingly and at my own risk, or give my consent for the minor or person under my guardianship mentioned above and understand that specific outcomes are not promised or guaranteed. I shall and will indemnify and hold harmless Allison Spitzer, M.A. a/k/a Periwinkle Health, Donelle Toner, and Grandma Josie's, LLC and other participants from and against any and all liabilities, claims, actions, demands, expenses, penalties, suits, and proceedings, actions and causes of actions including attorney's fees, of any kind and nature growing out of or in any way connected with this program.

50% DEPOSIT is NONREFUNDABLE, and due at the time of registration. Kindly pay by cash or check made out to "Grandma Josie's LLC"

Payment in full is due one month prior to the first session and is nonrefundable. Grandma Josie's and Allison B. Spitzer, reserve the right to dismiss any participant for any behavior which is detrimental or undermines the intent and success of this program. Decisions regarding dismissal are at the sole discretion of Donelle Toner, Grandma Josie's, LLC and Allison Spitzer, M.A. are non-negotiable, and do not result in a refund or compensation in any way to the participant or their legal guardian. Therefore I have been forthcoming, prior to registration about any of my child's social, emotional, physical or learning issues which may impact on his/her or other participating children's full enjoyment of the program.

I have read and accepted these statements prior to the session as a condition of my participation.

Signature: _____
Date: Payment rec'd. _____ Amount : _____
Amount Due: \$ _____ Paid In Full Date: _____

**It's Going to be SUCH FUN!
THANKS!**



Candies, Sweets, Parties & Treats!

**203-590-3301
Donelle**

**Allison
203-218-2200**

