



The Newton School

ENHANCING MINDS THROUGH MOTION

45965 Nokes Blvd. Suite 120

Sterling, VA 20166

(703)-772-0480

Hello,

Thank you for your interest in the 2020 Newton School Summer Program!

Enclosed is a Summer Program Enrollment forms as follows:

- **2020 Enrollment Form** (*required*). Please fill out the Summer Program Enrollment Form and return it to hold your space. If you have multiple children enrolling, please fill out a separate form for each child.
- **Emergency Medical Authorization Form** (*required* for non-Newton School students)
- **Before and After Program Form** (*optional*)

As the dates get closer, we will send you additional information regarding the Summer Program.

We are looking forward to another great summer at The Newton School!

Allison Abraham
Director & Founder

Please describe your academic, social and physical goals for your child for this program:

Students may enroll in one or more weeks, in any combination. A 10% discount is offered if your child enrolls for 4 weeks or more, and for siblings.

Please include 10% deposit with the enrollment form (No deposit is required for Newton School families). Please make checks payable to "The Newton School" or call to provide your VISA, Mastercard or Discover card information.

Full payment is due June 5, 2019. The balance will be invoiced prior to this date.

Please check program and weeks your child plans to attend:

Academic Program - \$500 per week

Fun & Fitness - \$400 per week

Academic Program	Place an "X" below to indicate enrollment for Academic Program	Fun & Fitness (F&F) Program	Place an "X" below to indicate enrollment for F&F Program
July 6 - 10		July 6 - 10	
July 13 - 17		July 13 - 17	
July 20 - 24		July 20 - 24	
July 27 - 31		July 27 - 31	
August 3 - 7		August 3 - 7	
August 10 - 14		August 10 - 14	

Swimming:

Please indicate your child's swimming skill level:

Beginner_____ Advanced Beginner_____ Intermediate_____ Advanced_____

Does your child need a life vest when he/she attends a field trip to the swimming pool?

_____Yes _____No

Use of Sunscreen (please initial)

_____ I do consent to The Newton School personnel applying sunscreen to my child with the sunscreen I provide.

_____ I do **not** consent to The Newton School personnel applying sunscreen to my child.

In consideration of participating in the program at The Newton School, the undersigned and on behalf of the participant, agree that: 1) the participant will comply with all stated and customary terms for safety, rules and instructions as he or she is able. 2) I am aware that there are inherent risks associated with the participation in this program, and I, and on behalf of the participant, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of negligence of other participants, 3) I, for myself and the participant, hereby release and hold harmless The Newton School Inc., their officers, employees and volunteers from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in any and all Newton School programs and activities, and 4) I give permission for my child to take part in all Newton School activities including field trips and swimming.

Signature _____ Date _____

Printed Name _____

The Newton School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The Newton School does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.



EMERGENCY MEDICAL AUTHORIZATION FORM

I, _____

Parent/ Son/ Daughter/ Guardian of:

Born on _____, do hereby give my consent to The Newton School to secure and authorize such emergency medical treatment as the above name might require while under the supervision of The Newton School staff. I also agree to pay all the costs and fees contingent on emergency medical care or treatment for this person as secured or authorized under this consent.

NOTE: Every effort will be made to notify the parents/ son/ daughter/ guardian, etc. in case of an emergency. In the event of an emergency, it would be necessary to have the following information:

Physician's Name and phone number: _____

Preferred Hospital: _____

Address: _____

Phone: _____

Insurance company: _____

ID _____ Group: _____

If the parents are not available, please name other relatives or persons to contact in emergency:

Name: _____

Address: _____

Phone: _____

Relationship: _____

Signature of parent or guardian: _____

Date: _____

**The Newton School
2020 Summer Program
Morning and Afternoon Fun & Fitness Program**

Child's name: _____ Age: _____

Parent/Guardian Names:

Mother: _____ Email _____

Father: _____ Email _____

Home phone: _____ Mother's Cell #: _____ Father's Cell # _____

The Newton School offers the option of your child coming before the program starts (8-9am) or after the program is over (3-5:30pm). The cost is \$10 per hour and will be invoiced at the end of the program based on the time your child attends.

While we can usually accommodate last minute changes and additions, it is helpful to know if you will be using this program. Please indicate below if you plan to have your child here during these hours. You may note specific days (i.e. M, T, F) or state "ALL" for the full week.

Week	Morning (8am-9am)	Afternoon (3pm-5:30pm)	Both Morning and Afternoon
July 6 - 10			
July 13 - 17			
July 20 - 24			
July 27 - 31			
August 3 - 7			
August 10 - 14			