

Parent/Guardian #1 _____ e-mail address _____

Parent/Guardian #2 _____ e-mail address _____

Address #1 _____

Address #2 _____

Telephone: (Home) _____ (Summer Daytime) _____

Emergency # _____ (Doctor) _____

Check off your choices and fill in the cost column:

	June 28-July 2 Session I	July 5-July 16 Session II	July 19-30 Session III	COST
Beginner (<i>finished pre-k and k</i>):				
_____	___\$350	___\$680	___\$680	\$ _____
child's name _____ date of birth _____ grade completed _____				
Intermediate (<i>finished grades 1-5</i>):				
_____	___\$350	___\$695	___\$690	\$ _____
child's name _____ date of birth _____ grade completed _____				
Advanced (<i>finished grades 6, 7, 8- session II finished grades 7 & 8 only</i>):				
_____	___\$350	___\$710	___\$690	\$ _____
child's name _____ date of birth _____ grade completed _____				

TOTAL COST \$ _____

Amount Enclosed \$ _____

I have included in my registration:

Completed Registration Form

Medical – Immunization record or waiver

Any special needs indicated on back of this form

Bus service reservation - optional

Full payment enclosed (refunds will be given only if your space is filled from the waiting list)

OR

Payment plan and/or scholarship form

See forms online for scholarship, payment plan, bus information, and additional medical information:
flyingcloudinstitute.org (summer program- download forms)

Please make a tax deductible donation to the Institute Scholarship Fund if you are able.

I am enclosing a separate check for a tax deductible donation to the Scholarship Fund \$ _____

Make your payments to: Flying Cloud Institute
 731 South Sandisfield Road New Marlborough, MA 01230-2050

e-mail: flyingcloudinstitute@gmail.com
 Telephone: 413-229-3321 Fax: 413-229-2697

Photo Permission

I give my permission to have my child's photograph taken for the purpose of promotional materials for Flying Cloud institute, including but not limited to brochures, newsletters and the Flying Cloud website. My child's name will not be published.

I do not want my child's photograph to be published.

signature _____ date _____

Medical Treatment Waiver

I give permission for my child _____ to receive emergency medical treatment by certified EMT's who respond to New Marlborough calls in case my child has a medical emergency during Summer Program hours. I understand that Flying Cloud Institute staff will also contact me and my physician immediately.

name (please print) _____ signature _____ date _____

Scholarship Application:

1. Have you received financial assistance from Flying Cloud Institute previously? ___ Yes ___ No
2. Do you qualify for free or reduced price lunch at school? ___ Yes ___ No
3. What other scholarships have you received in the last 12 months?

4. Please write a short description of why you are requesting financial assistance.

5. Based upon your ability to pay partial tuition:

What cash amount can you contribute toward the tuition? (Payments can be spread out over time.) \$ _____

What barter contribution can you make?

Your skills _____

Hourly rate _____ x number of hours _____ = \$ _____ barter contribution

Upon review of your scholarship application, we will contact you to finalize your payment agreement.

Payment Plan:

1. Payments should be completed by the first day of the session, unless other arrangements have been made.
2. Indicate what amount you will pay by each date:

April 9	\$	May 21	\$	July 2	
April 23	\$	June 4	\$		\$
May 7	\$	June 18	\$	July 16	\$

Bus Service Information/Reservation:

Tentative prices for the bus service are: Session 1 - \$50; Session 2 - \$100; Session 3 - \$100.

Please reserve _____ seats on the Massini Bus to Flying Cloud Institute for session(s): I: ___ II: ___ III: ___

The most convenient stop is (please circle): Ashley Falls Center Sheffield Center Guidos The Cove

_____ \$25 deposit is enclosed. (Scholarship students ride free.)

Important Personal Information:

We want to know about your child's specific needs (learning challenges, physical limitations, dietary needs, allergies, medications, etc.) so that we can give your child(ren) the best possible experience. Please tell us about your child(ren) here and on another sheet, if needed.
