DSS Registration & Payment Form

**STUDENT #1:** Last First Age Sex: (circle) **M F**

Entering Grade School:

**STUDENT #2:** Last First Age Sex: (circle) **M F**

Entering Grade School:

**STUDENT #3:** Last First Age Sex: (circle) **M F**

Entering Grade School:

**Parent:** Last: First:

Address: Street: City: St: Zip Code:

Home Phone: Cell Phone: Email Address:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student**  **#** | Course **#** | **Course Title** | **Time** | **Fee** |
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|  |  | Darien Student Scholarship Fund Donation = |  |  |
|  | Total= |  |

If registering for Sports & Arts Camp: If you would like your child placed in a group with friends, please list their names here:

We do not guarantee all preferences.

Please provide any information that may be helpful for our staff as they make the summer fun, enjoyable, and safe.  This may include information such as fears, behavioral concerns/strategies, physical/social limitations, etc.

I agree that all photos taken during activities may be used for local advertising purposes at the discretion of the Darien Summer School.

**Signature:**

PAYMENT: [ ] Check #: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EZ REGISTRATION/PAYMENT ONLINE @

 www.dariensummerschool.com

[ ] MC #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date:\_\_\_\_\_\_\_\_/\_\_\_\_\_\_

[ ] VISA #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date:\_\_\_\_\_\_\_\_/\_\_\_\_\_\_

I agree to all Darien Summer School policies and I agree to pay the amount listed above.

**Signature:** Date: