

## 2017 Italian Summer Language Program Registration Form

### Child Information

First Name _____	Last Name _____
Gender _____ Male _____ Female _____	Date of Birth _____
Home Address _____	
City _____	State _____ Zip _____
Current School/Day Care: _____	
Has your child ever received Italian language and/or Culture instruction or exposure? _____ Yes _____ No	

### Registration Information (check the week/s)

Week 1 (07/03- 07/08):	_____ - \$300 (9:00 a.m.- 3:00 p.m)	Cost: \$_____
Week 2 (07/10- 07/14):	_____ - \$300 (9:00 a.m.- 3:00 p.m)	Cost: \$_____
		Registration Fee: \$25    Total Due: \$

Payment Method:     Check Enclosed

### Parent/Guardian Information

Parent / Guardian 1 Address _____ City/State/Zip _____ Email Address _____ Home Phone _____ Cell Phone _____ Work Phone _____ Relationship to the child _____	Parent / Guardian 2 Address _____ City/State/Zip _____ Email Address _____ Home Phone _____ Cell Phone _____ Work Phone _____ Relationship to the child _____
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**EMERGENCY CONTACT INFORMATION**

First Name _____	Last Name _____	
Home Address _____		
City _____	State _____ Zip _____	
Email Address _____		
Home Phone _____	Cell Phone _____	Work Phone _____
Relationship to the child _____		
Primary Doctor _____		
Primary Doctor's Phone _____		
Primary Doctor's email _____		
Insurance Provider _____		
Insurance Policy Number _____		

I/we do hereby grant C.A.S.IT., Inc. and the Eliot School staff and designated adults the right to authorize urgent emergency medical treatment for \_\_\_\_\_ in the event that I or my designated Emergency Contact cannot be reached.

Please tell us, in full, about any medical/health, and/or developmental or behavioral conditions, including speech, occupational therapy, or the like, past or present, and any other pertinent information that might aid in the enhancement of your child's Italian Summer Language Program experience. Use a separate sheet as necessary. We strive to care for children with various needs, but we need your full input to succeed.

---

---

---

---

---

---

---

---

---

---

---

Please list all allergies, current medication(s), vitamins, inhalers, etc. If your child requires an emergency allergy kit (i.e.: Epipen, inhaler, etc), you must supply medication labeled with child's name and detailed instruction prior to your child's attendance. No child will be allowed to self-administer medications – all medications (including OTC) must be disclosed to camp coordinator.

---

---

Please describe your child's toileting needs, if applicable

---

---

---

I understand that C.A.S.IT., Inc. and the Eliot School and staff will not be responsible for anything that may happen as a result of false information provided by parents/guardians, or as a result of the parent/guardian's failure to provide information at the time of enrollment. I understand that staff will not administer drug or medication without specific written and signed instruction from the health care provider and/or the child's parent/guardian.

**RELEASE AND HOLD HARMLESS AGREEMENT**

I/We consent to the participation of \_\_\_\_\_ in all activities of the C.A.S.IT., Inc. Italian Summer Language Program (the Program) and any Program-sponsored trip unless the Program receives written notice from me to the contrary. Although it is understood that the Program and its representatives intend to take all reasonable precautions with respect to all activities, we understand that the participation of \_\_\_\_\_ in the activities of the Program involves a certain element of risk, and we for ourselves and on behalf of \_\_\_\_\_ and all heirs, assigns and representatives, release and agree to indemnify the Program, C.A.S.IT., Inc., the Eliot School and the Boston Public Schools and all of its employees, trustees, officers and agents from any and all liability that may arise out of \_\_\_\_\_'s participation in all Program activities. I/We assume full responsibility for any personal injury that might occur to \_\_\_\_\_ while taking part in Program activities, and will absolve the Program, C.A.S.IT., Inc., the Eliot School and the Boston Public Schools and its employees and representatives from all liability in regard to such injury.

I/We understand that \_\_\_\_\_'s enrollment in the Program constitutes agreement with the above Release and Hold Harmless Agreement.

\_\_\_\_\_  
Signature Parent/Guardian 1  
  
Printed Name \_\_\_\_\_  
  
Date \_\_\_\_\_

\_\_\_\_\_  
Signature Parent/Guardian 2  
  
Printed Name \_\_\_\_\_  
  
Date \_\_\_\_\_

**Publicity Release (Optional)**

I authorize C.A.S.IT., Inc. and the Eliot school to use photographs or other images of my child for publicity relations purposes connected to this Summer Language Program and future programs associated with C.A.S.IT., Inc. and the Eliot School. I understand that my child's name will not be published with an image.

Signature Parent/Guardian 1 \_\_\_\_\_

Signature Parent/Guardian 2 \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed  
Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**Please return this form, together with your Registration Fee and payment to:**

**C.A.S.IT., Inc.  
 37 Water Street, Unit # 4  
 Wakefield, MA 01880  
 Att: Maria Gioconda Motta  
 Rosalba Schino**