

The Sunshine Group 2018 Child Application (ages 2 – 15)

Barbara Ohanian, Director
(508) 320-8518 • thesunshinegrp@gmail.com • www.thesunshinegrp.com

Thursday, July 5 - Friday, August 10
9:00 am - 12:00 pm Tuesdays – Fridays
Medway VFW - 123 Holliston Street, Medway, MA 02053

TUITION: Medway Residents: \$500 Out of Town: \$700

Family discount details: www.thesunshinegrp.com/parents-and-children

Return completed application **by May 15th** with check made payable to **The Sunshine Group** to:

Barbara Ohanian
50 Dean Street
Norton, MA 02766

Note: Check is due with the registration, but won't be deposited until July 1st

Permission to Photograph: I give permission to have my child photographed by any news media source while he/she is attending the Sunshine Group for use in the slideshow and on the website.

Circle your choice: YES NO

**** Please Print Very Clearly ****

Child's Name: _____ DOB: _____ Age: _____

T-Shirt Size (circle one) Child: Small Medium Large Adult: Small Medium Large X-Large

Address: _____

Phone: _____ Cell: _____

Email: _____

Allergies: _____

Fears or concerns (yours or your child's): _____

Bus Transportation is provided by The Sunshine Group for all students living in Medway. There is a monitor on the bus at all times. Will your child be taking the bus? Circle your choice: YES NO

In Case of Emergency, if we are unable to reach you, may we have permission to send your child to the nearest hospital for treatment? Circle your choice: YES NO

I, the undersigned, as parent/guardian of the above mentioned child, do hereby permit the hospital and its physicians to perform on this child any procedure or treatment as may be deemed necessary in an emergency situation.

Parent Signature: _____ Date: _____