



**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 2025 Newton School Camp!

Enclosed is a Enrollment forms as follows:

- **Enrollment Form** (*required*). Please fill out the 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** (*Only required if you plan to use this*)

We are looking forward to a wonderful learning experience at The Newton School!

Allison Abraham  
Director & Founder



## Summer Program Enrollment Form

9am to 3pm Monday - Friday

Today's Date: \_\_\_\_\_

Indicate which week/s July 7-11 \_\_\_\_\_ July 14-18 \_\_\_\_\_ July 21-25

Child's Name: \_\_\_\_\_  
First Middle Last Nickname

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Please print name

\_\_\_\_\_  
Phone number

### **Additional information**

Please describe any medical conditions and how these would impact your child during this program:

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Does your child have any allergies? \_\_\_\_\_

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**Use of Sunscreen** (please initial, for outdoor field trips)

\_\_\_\_\_ 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.

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Signature

Date

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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

## Before and After Care

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Names:

Parent 1: \_\_\_\_\_ Email \_\_\_\_\_

Parent 2: \_\_\_\_\_ Email \_\_\_\_\_

Parent 1's Cell #: \_\_\_\_\_ Parent 2's Cell # \_\_\_\_\_

The Newton School offers the option of your child coming before the program starts (8-9am) or after the program is over (3-5pm). 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-5pm)	Both Morning and Afternoon
July 7-11			
July 14-18			
July 21-25			