



## SUMMER REGISTRATION FORM

2020

NAME OF CHILD \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

\_\_\_\_\_

CHILD'S AGE \_\_\_\_\_

NAME OF PARENTS: (PARENT #1) \_\_\_\_\_

(PARENT #2) \_\_\_\_\_

DAYS ATTENDING: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_

MONTHS: JUNE \_\_\_\_\_ JULY \_\_\_\_\_ AUGUST \_\_\_\_\_

MORNING \_\_\_\_\_ FULL DAY \_\_\_\_\_

REGISTRATION FEE:

N/C

\$30.00 NEW STUDENT

IF CHILD IS ENROLLED & CONTINUING THRU THE SUMMER.

REGISTRATION FEES ARE NON-REFUNDABLE

TUITION FEES:

HALF-DAY RATE

FULL DAY RATE

\$45.00 PER DAY

\$55.00 PER DAY

CAMP HOURS: 6:30 A.M. TO 6:00 P.M.

ACTUAL CAMP TIMES 9:00 A.M. TO 12:00 NOON

DISCOUNT RATE FOR 2 OR MORE CHILDREN, PLEASE SEE DIRECTOR

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



PLEASE COMPLETE ALL INFORMATION

IDENTIFICATION & EMERGENCY INFORMATION:

PARENT # 1 \_\_\_\_\_

SOCIAL SEC# \_\_\_\_\_

EMPLOYMENT \_\_\_\_\_

HOURS: \_\_\_\_\_

CELL PHONE# \_\_\_\_\_

WORK PHONE # \_\_\_\_\_

PARENT # 2 \_\_\_\_\_

SOCIAL SEC # \_\_\_\_\_

EMPLOYMENT \_\_\_\_\_

HOURS: \_\_\_\_\_

CELL PHONE # \_\_\_\_\_

WORK PHONE # \_\_\_\_\_

PERSONS AUTHORIZED TO PICK UP CHILD:

\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

\_\_\_\_\_ " " \_\_\_\_\_

\_\_\_\_\_ " " \_\_\_\_\_

UNDER NO CIRCUMSTANCES WILL A CHILD BE RELEASED TO ANYONE NOT KNOWN TO THE SCHOOL WITHOUT PRIOR AUTHORIZATION FROM PARENTS.

MEDICAL INFORMATION:

PLEASE LIST ALL DATES OF IMMUNIZATION SERIES.

DPT/POLIO: 1<sup>ST</sup>. \_\_\_\_\_ 2<sup>ND</sup>. \_\_\_\_\_ 3<sup>RD</sup>. \_\_\_\_\_ \*BOOSTER \_\_\_\_\_

(\*BOOSTER IS FOR CHILDREN 5 YEARS AND OVER)

DOES CHILD HAVE ANY ALLERGIES? \_\_\_\_\_

IF SO, HOW DOES IT USUALLY MANIFEST ITSELF? \_\_\_\_\_

DOES CHILD HAVE ANY DIETARY RESTRICTIONS? \_\_\_\_\_ IF SO WHAT? \_\_\_\_\_

\_\_\_\_\_ WHY? \_\_\_\_\_

PERMISSION STATEMENT: I, \_\_\_\_\_ grant permission for my child to use all of the play equipment and participate in all the activities of the school. I further grant permission for the Director or Acting Director to take whatever steps necessary to obtain emergency medical if warranted. These may include, but not limited to: 1. Attempt to contact parents. 2. Attempt to contact you through any person listed in the emergency information you completed. 3. If we cannot contact you, we will do the following: a) call an ambulance, b) have the child taken to an emergency hospital in the company of a staff member for treatment. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment. Please list any person to be contacted in the event of an emergency or illness of your child:

NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(PARENT'S SIGNATURE)