SMLC Preschool 2024
Summer Camp Registration Form

Child's Full Name:_____

Name to go by:_____

Child Date of Birth:_____

Class/grade last completed:_____

Street Address:_____

City:_____State:_____

Zip code:_____

Mother's Name:_____

Mother's Email & Cell Phone Number: _____

Father's Name:_____

Father's Email & Cell Phone Number: _____

Child's Doctor:_____

Doctor Address & Phone:_____

Medical Insurance:_____

Policy Number:_____

Any Known Allergies (and treatment):_____

Any special information we should know:_____

Emergency Contact: (These are people you will allowed you child to be released to or called in an emergency)

Name:_____   Phone:_____

Name:_____   Phone:_____

May we post pictures to our facebook/instagram & website of your child?____yes   ___no

Liability Release: I hereby assume all risk of personal injury for all the years my child is attending or participating in SMLC preschool activities. I give permission to the school to call the doctor or paramedic for medical care for my child should an emergency arises. It is understood that a conscientious effort will be made to locate the child's parent or guardian. However, if it is not possible to locate parents, this responsibility will be accepted by SMLC Preschool. I release SMLC Preschool Staff, Board, Director, Teachers, and Volunteers from any and all liability arising from claims of injuries or damages that either individually or on behalf of your child might occur while any of these individuals are performing their duties.

I undertand that tuition fees are due by the 1st Day of camp or can be paid in advance and agree to pay through the Brightwheel app or by check or cash.

Registration Fee $35/Child $50/Family (Due at enrollment)   Tuition $150.00

By signing below, you agree that this is a legally binding form. Providing false information will result in termination of services.

Parent Name (Printed): _____

Signature:_____   Date: _____

Director Signature: _____   Date: _____

_____

School use only: Reg Paid: _____   Enrollment Date: _____

Group Assigned: _____ Immunization record on file: _____