



Registration Summer Camp 2026

June 29th-September 4th

CHILD INFORMATION

Child's #1 Name _____

Date of Birth _____ Entering Grade 2026-2027 School Year: _____

Any allergies or restrictions? _____ If yes, please specify: _____

Child's #2 Name _____

Date of Birth _____ Entering Grade 2026-2027 School Year: _____

Any allergies or restrictions? _____ If yes, please specify: _____

Child's #3 Name _____

Date of Birth _____ Entering Grade 2026-2027 School Year: _____

Any allergies or restrictions? _____ If yes, please specify: _____

GUARDIAN INFORMATION

Guardian #1 Name _____ Guardian #2 Name _____

Address _____ Address _____

Cell # _____ Work # _____ Cell # _____ Work # _____

Email: _____ Email: _____

Other persons responsible for child in case of illness, accident or emergency, if parents cannot be reached:

1. _____ Phone: _____

2. _____ Phone: _____

***School-Age camp is for all children entering 1st grade in the fall of 2026 and above.
Pre-School Camp if for all of our JPK, PREK and UPK children.**

REMINDER: WE WILL BE CLOSED ON JULY 3rd, SEPTEMBER 3RD & 4TH



SUMMER CAMP 2026 CONSENT FORM

CHILD(S) NAME: _____

Please Initial Next to Each Statement

A. MEDICAL RECORDS

I agree to furnish the NYS OCFS Medical Statement Form upon enrollment and with each subsequent well-child visit. _____

B. NUT FREE POLICY

I understand that some of the children in school have a severe food allergy to either peanuts and/or other nuts. It is important that there is strict avoidance to these foods in order to prevent a life-threatening allergic reaction. Any environmental exposure to peanuts and/or nuts may cause life-threatening allergic reaction that requires emergency medical treatment. I will not send any peanut or nut containing products to school with my child. _____

C. SUNSCREEN PERMISSION

I give permission for Imagination Childcare Academy staff to apply sunscreen on my child as needed. _____

D. BUG SPRAY AGREEMENT

I give permission for Imagination Childcare Academy staff to apply bug spray on my child as needed. _____

E. SHELTER-IN-PLACE

I understand that in the event that a natural disaster and/or emergency situation in the community arises, and we are notified by the authorities that it is unsafe for the children and staff to leave our facility, we will be required to Shelter-in-Place. Shelter-in-Place means that our facility will be in complete lock down, all outside doors locked and no one, including parents, will be allowed to enter or exit our facility until we receive the okay from the authorities to lift the lock down and that the danger has passed. _____

F. HEALTH POLICY

If my child or any person within my household show any of the following symptoms, I agree to keep them home for 24 hours or until the child is fever free, without fever reducing medication. _____

Fever over 100.0	Excessive dry cough	Shortness of breath	Unusual Rash
Lethargic,	overly tired,	unusually calm or quiet	
Mild respiratory illness/ issues	Diarrhea	Vomitting	

If my child experiences any of the above symptoms during childcare, I understand that either myself, or a person I have designated as an emergency pick up, will arrive within one hour.

G. HEALTH CARE PLAN

I acknowledge that I can access the center's Health Care Plan at any time on www.imaginationchildcareacademy.org _____

H. BEHAVIOR MANAGEMENT POLICY

I have reviewed the behavior management policy in the Parent Handbook. _____

I. PARENT HANDBOOK

I acknowledge that I can access the center's Parent Handbook at any time on www.imaginationchildcareacademy.org _____

J. PHOTOGRAPH PERMISSION

I give Imagination Childcare Academy, Inc. staff permission to take my child's picture for use in the classroom. _____

Yes No

I give Imagination Childcare Academy, Inc. staff permission to use my child's picture for the company website or brochures. _____

Yes No

Please Circle Yes or No

Print Parent/Caregiver Name

Parent/Caregiver Signature

Date