Registration Summer Camp 2023

June 26th-August 29th

Child’s #1 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s #2 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Mother/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father/Mother/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any allergies or restrictions? \_\_\_\_\_\_\_ If yes, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INDICATE CAMP DATES REQUESTED BY WRITING Y/N IN EACH OF THE BOXES BELOW

Y= Yes, you will need care and N=No, you will NOT need care

\*School-Age camp is for all children entering 1st grade in the fall of 2023 and above.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PROGRAM | WEEK 1June 26-June 30 | WEEK 2July 3-July 7 | WEEK 3July 10-July 14 | WEEK 4July 17-July 21 | WEEK 5July 24- July 28 |
| Preschool CampAges 2½ -5 | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F |
| School-Age CampAges 6-12 | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PROGRAM | WEEK 6July 31-August 4 | WEEK 7August 7-August 11 | WEEK 8August 14-August 18 | WEEK 9August 21-August 25 | WEEK 10August 28-August 29 |
| Preschool CampAges 2½ -5 | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F |
| School-Age CampAges 6-12 | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F | M | T | W | TH | F |

WE WILL BE CLOSED JULY 3rd & 4th FOR INDEPENDENCE DAY

WE WILL BE CLOSED AUGUST 30th & 31st & SEPTEMBER 1st FOR PROFESSIONAL DEVELOPMENT

I UNDERSTAND THAT, BY COMPLETING THE ABOVE FORM, MY CHILD’S SPOT IS BEING HELD AND PAYMENT IS TO BE MADE FOR EACH REGISTERED WEEK, REGARDLESS OF MY CHILD’S ATTENDANCE. I HAVE READ AND AGREE TO THE POLICIES AND PROCEDURES IN THE PARENT HANDBOOK.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

I give the staff of Imagination Childcare Academy to apply sunscreen and bug spray on to my child as needed. I understand that it is my responsibility to provide my child with the sunscreen and bug spray that I would like to be applied to my child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date