

Child's Name:	Date of Birth (DD/MM/YY):
Parent Name:	Cell #:
Parent Name:	Cell #:
If Parent Cannot Be Reached Who Can We Call? Name: Phone #:	
Does your child have any allergies or medical concerns? Please list allergies / medical concerns:	
Please Check the following: Permission to apply ointment/first aid cream and anti-itch hydrocortisone cream My Child has permission to participate in food My child may participate in food activities with the exception of the following foods due to allergies/religion: Permission to use photos of your child in school publications, website, Facebook, and	
other social media sites. No names will be used.	
Camp will be Monday - Thursday from 9:00 am - 12:00 pm One Week of Camp is \$120 Two Weeks of Camp is \$230.00 Three Weeks of Camp is \$335.00 Four Weeks of Camp is \$430.00	
Payments are due by April 15 If you are currently set up for automated draft we will run the Camp Fee through that. If not you can pay by Check or Money Order made payable to Genesis Preschool	
Please Check The Weeks You Would Like Your Child To Attend Camp:	
☐ June 5 - June 8 ☐ June 12 - June 15 ☐ June 19 - June 22 ☐ June 26 - June 29	Please Bring a Spack Water and Extra Clothes