

Summer Camp Registration Form

Today's Date:D	Date Care To Begin:		
Child's Name:	Age:		
Child's Name:	Age:		
Address:			
Date of Birth	Contact Phone:		
Student Resides with:			
○ Mother ○ Father ○ Both Pa	rents		
 Guardian 			
Mother's Name:			
Home Phone	Work:		
	Email:		
Father's Name:			
Address:			
Home Phone	Work Phone:		
	Email:		
Emergency Contact (Other than page	arents):		
Name:	Phone:		



RETURN THIS FORM WITH SECURITY FEE, 1ST WEEK TUITION AND A NONREFUNDABLE \$100 REGISTRATION FEE.

Tuition is due by the first of every month or a 15% late fee will be assessed to the month's tuition. Medical and immunization forms as well as all other forms must be completed and submitted before or on the first day that your child(ren) starts the program. Checks are made to be payable to My Very Own School.

 _ Fulltime	
Part-time	



Summer Camp Enrollment Application

Child's Name:		
	Date of Enrollment:	
Child's Address:		
Parent Information:		
Mother's Name:		
Phone Numbers:		
Home:	Cell:	
Work:		
Work Address:		
Father's Name:		
Father's Address:		
Phone Numbers:		
Home:	Cell:	
Work:		
Work Address		



Person(s) authorized to assume responsibility for the child if parent(s) is/are not available.

Relationship:	
Address:	
Telephone:	
Child's Physician:	
Address:	
Phone Number:	
I attest to the following:	
That the above information is correct.	
That in the event of a medical emergency, I authorize "My Very Own School" to seek emergency medical care for my Child as deemed necessary by the director.	
Parent's Signature:	
Name:	
Relationship:	
Address:	
Phone Number:	
Phone Number:	



Only the named people below are authorized to visit my child(ren) and/or have my authorization to release my child to/from "My Very Own School"

NAME:	ADDRESS:	PHONE NUMBER: