**2023 Summer Camp Registration Entering Grade:**

| **Student’s First Name:** | **Middle Name:** | **Last Name:** |
| --- | --- | --- |
| **Student’s Age as of June 2, 2022** | **Birthdate: (mm/dd/yyyy)** | **Sex:*** **Male**
* **Female**
 |
| **Student’s Home Address:** | **City:** | **Zip:** |
| **Mother/Guardian’s Name:** | **Mother’s eMail:** | **Mother’s Cell:** |
| **Father/Guardian’s Name:** | **Father’s eMail:** | **Father’s Cell:** |

**Authorization for Pick-up: \*\* Must provide Copy of Driver’s License for ALL Authorized Adults \*\***

| **Name:** | **Relationship to Student:** | **Phone:** |
| --- | --- | --- |
| **Name:** | **Relationship to Student:** | **Phone:** |

**Give the name, physical address and phone number of the responsible individual to call IN CASE OF AN EMERGENCY AND THE PARENTS OR GUARDIAN CAN NOT BE REACHED. THIS INDIVIDUAL \*\*MUST\*\* BE LOCAL.**

| **First Name** | **Last Name** | **Phone Number** | **Relationship to Child** |
| --- | --- | --- | --- |
| **Address** | **City** | **State** | **Zip** |

| **PLEASE LIST ALL KNOWN DIAGNOSED ALLERGIES and/or MEDICAL CONDITIONS: Medical Documentation or an Allergy Action Plan MUST be provided.** |
| --- |

**Authorization for Medical Attention**

| **Name of Physician** | **Address** | **Phone Number** |
| --- | --- | --- |
| **Preferred Medical Facility/ER** | **Address** | **Phone Number** |

**\*I hereby give consent for Champion Kids Preschool to secure any and all necessary emergency medical care for my child.**

**Signature Parent/Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Provide Documentation for the Following:**

| * **Driver’s License**
* **Health Insurance**
 | * **Immunization Records**
* **Affidavit of Exemption**
 | * **Allergy Action Plan**

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| --- | --- | --- |

**CONSENT INFORMATION**

**1. Water Activities**

| I give consent for my child to participate in the following water activities:* Water Table Play
* Sprinkler Play
* Splash/Wading Pools
 |
| --- |

**2. Photos/Social Media**

| I give consent for my child photo to be shared:* Champion Kids Facebook Page
* Champion Kids Website
* Classroom Projects
* Professional Photos
 |
| --- |

**\*\* Admission Requirement \*\***

| **This section is required by the State of Texas Minimum Standards to be completed by the parent or guardian.**If your child does not attend Pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission.* 1. Health Care Professional’s Statement: I have examined the above named child within the past year and find that he or she is able to take part in Champion Kids Preschool Program.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature -Health Care Professional Date Signed* 2. A signed and dated copy of a health care professional’s statement is attached.
* 3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
* **My child has been examined within the past year by a health care professional and is able to participate in Champion Kids Preschool Program. Within 12 months of admission, I will obtain a health care professional’s signed statement and submit it to the child care operation.**

| **Name of Healthcare Professional:**  | **Address of Healthcare Professional:** |
| --- | --- |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature - Parent or Legal Guardian Date Signed** |
| --- | --- | --- |