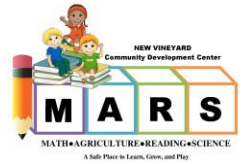




Preschool Summer Camp Application 2021



Child's First Name: _____ Last Name: _____

Date of Birth: ___/___/___ Child's Age _____

Parents or Guardian's Name(s): _____

Address: _____ Home Phone #: _____

Mother's Work Phone # _____ Father's Work Phone#: _____

Mother's Cell# _____ Father's Cell Phone#: _____

Person(s) authorized to pick up your child / Emergency Contacts: (Person must show picture I.D.)

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Student lives with: Father ___ Mother ___ Step-Parents ___ Foster ___ Legal Guardian ___ Other ___

Primary Language: English Spanish Other: _____

Is your child under medical care or taking any medication(s)? Yes No

If yes, please check all the following conditions that your child has and indicate if medication needs to be dispensed at school?

- Bee Sting Allergy Epi-pen Yes No Other Allergies: _____
- Asthma Inhaler Yes No Special Needs / Disability: _____
- Diabetes Insulin Yes No Other: _____
- Vision / Hearing Glasses Yes No

Family Health Care: Physician's Name: _____ Phone #: _____

Medicare: Yes No Health Insurance# _____

Photo Permission:

Does the NVCDC program have permission to use photos of your child in educational or promotional materials?

Yes: _____ No: _____

Feeding Program Enrollment: ___ Free ___ Reduced ___ Paid

Parent or Guardian Signature: _____ Date: _____

For Office Use Only

Enroll Date/Drop-In Date: _____ Initials: _____ Amount Paid \$ _____

Date Dismissed: _____ Reason: _____