

**CHAMBERLAYNE BAPTIST PRESCHOOL  
SUMMER CAMPS  
REGISTRATION FORM**

Child's age at time of session \_\_\_\_\_ **T-Shirt Size**   X-Small   Small   Med   Large   X-Large

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother \_\_\_\_\_ Cell \_\_\_\_\_

Father \_\_\_\_\_ Cell \_\_\_\_\_

**EMERGENCY INFORMATION:**

Please list 2 persons to be contacted in an emergency in the event that parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list all persons authorized to pick up your child \_\_\_\_\_

Please list all persons not authorized to pick up your child \_\_\_\_\_

Please list any allergies \_\_\_\_\_

Please check dates of camp you would like to register:

\_\_\_\_\_ June 3 to June 6 - Going on a Safari - Ages 3 & Up - Must be Potty Trained

**PARENTAL AGREEMENTS:**

In case of emergency situation and parents cannot be reached, I assume all liability and give permission for my child to be treated by any licensed physician or hospital.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

The preschool agrees to notify the parent/guardian whenever the child becomes ill, and the parent/guardian agrees to pick up thereafter, as soon as possible.

Signed \_\_\_\_\_ Date: \_\_\_\_\_