

Clinton Early Learning Center **School Age Summer Application**

Children Ages 5-12 Years Old

July 2018- August 2018

CHILD'S INFORMATION (one	e form per child)			
Last Name	First Name	□ _{Male}	☐ Female	
		Age in September 2018	Yrs	Мо
	☐ Parent 2 ☐ Both ☐ Other (name)	Relation	nship	
PARENT/GUARDIAN #1 INFO	ORMATION			
Last Name	First Name	Date of Birth	□Male	Female
Address	City	State	Zip	
Work Phone	Home Phone	Cell Phone		
Occupation	Employer	Email		
PARENT/GUARDIAN #2 INF	ORMATION			
Last Name	First Name	Date of Birth	□Male	☐ Female
Address	City	State	Zip_	
Work Phone	Home Phone	Cell Phone		
Occupation	Employer	Email		
MEDICAL				
Child's Pediatrician		Phone		
Address	City	State	Zip	
ALLERGIES- Please list all allergie	es			
	with current immunizations is required within or my will be provided in the confirmation packet.		e program (for i	new children)
Preferred hospital/urgent care c	enter	Phone		
Address	City	State	Zip	
PERSONS AUTHORIZED TO F	PICK UP CHILD OTHER THAN PARENT	Γ OR GUARDIAN /EMER	GENCY COL	NTACT
Name	Address			
	Phone 2	Relationship		
	Address			
Phone 1	Phone 2	Relationship		

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The Control on is due Jul	ELC will be CLOSED July 30-Au th week of camp due upon registra osits go towards the weekly tuition y 23, 2018. Summer Camp 9:00am-4:00p BEFORE CARE \$20 BEFORE CARE \$20	ation. If you register for 8 won. The first 4 weeks of tuit AFTER CARE is 4: AFTER CARE AFTER CARE AFTER CARE AFTER CARE AFTER CARE AFTER CARE	tion is due June 25
posit for each due. All depron is due Juli:00am \$150 M-F \$150 M-F \$150 M-F \$150 M-F \$180 M-F	ch week of camp due upon registra osits go towards the weekly tuition y 23, 2018. Summer Camp 9:00am-4:00p BEFORE CARE \$20 BEFORE CARE \$20 BEFORE CARE \$20 BEFORE CARE \$20	AFTER CARE	\$20 \$20 \$20 \$20 \$20
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	BEFORE CARE \$20	AFTER CARE	\$20
\$150 M-F	BEFORE CARE \$20	AFTER CARE	\$20
\$150 M-F	BEFORE CARE \$20	AFTER CARE	\$20
\$150 M-F	BEFORE CARE \$20	AFTER CARE	\$20
\$237 M-F	BEFORE CARE \$20	AFTER CARE	\$20
\$150 M-F	☐ BEFORE CARE \$20	AFTER CARE	\$20
\$237 M-F	☐ BEFORE CARE \$20	AFTER CARE	\$20
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