

SMLC Preschool 2025

Please check the session(s) to be enrolled for.
June session _____ July session _____

Summer Camp Registration Form



Child's Full Name: _____ Name to go by: _____

Child Date of Birth: _____

Class/grade last completed: _____

Address: _____ City: _____ State: _____ Zip: _____



Mother's Name: _____

Mother's Email & Cell Phone Number: _____

Father's Name: _____

Father's Email & Cell Phone Number: _____



Child's Doctor: _____ Phone: _____

Medical Insurance: _____ Policy Number: _____

Any Known Allergies (and treatment): _____

Any special information we should know: _____



Emergency Contact/approved pick-up:

(These are people that we are allowed to release your child to or called in an emergency if parents cannot be reached. Also, allowed to pick up from camp.)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____



May we post pictures to our facebook/instagram & website of your child? ___yes ___no

Continued on back



Liability Release: I hereby assume all risk of personal injury for all the years my child is attending or participating in SMLC preschool activities. I give permission to the school to call the doctor or paramedic for medical care for my child should an emergency arise. It is understood that a conscientious effort will be made to locate the child's parent or guardian. However, if it is not possible to locate parents, this responsibility will be accepted by SMLC Preschool. I release SMLC Preschool Staff, Board, Director, Teachers, and Volunteers & substitutes from any and all liability arising from claims of injuries or damages that either individually or on behalf of your child might occur while any of these individuals are performing their duties.

I understand that tuition fees are due by the 1st day of the month of camp or can be paid in advance and agree to pay through the Brightwheel app or by check or cash or our school venmo. Registration Fee \$35/Child \$60/Family (Due at enrollment) Tuition \$300/June \$220/July.

By signing below, you agree that this is a legally binding form. Providing false information will result in termination of services.

Parent Name (Printed): _____

Parent Signature: _____

Date: _____

Director Signature: _____

Date: _____



School use only: Reg Paid: _____

Enrollment Date: _____

Group Assigned: _____

Immunization record on file: _____