



# SMLC Preschool 2023 Summer Camp Registration Form

Child's Full Name: \_\_\_\_\_

Name called: \_\_\_\_\_

Child Date of Birth: \_\_\_\_\_

Class/grade last completed: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Email & Cell Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Email & Cell Phone Number: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_

Doctor Address & Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Any Known Allergies (and  
treatment): \_\_\_\_\_

Any special information we should  
know: \_\_\_\_\_

**Emergency Contact:** (These are people you will allowed you child to be released to or  
called in an emergency)

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

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

Sessions registering for: (Please circle, see below for pricing)

June 12-16

June 19-22

July 10-13

July 17-20

May we post pictures to our facebook/instagram & website of your child? \_\_\_yes \_\_\_no

Emergency Medical Release: In the event of a medical emergency, I hereby authoize SMLC  
Preschool Staff to provide emergency treatment for my child as necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School use only: Reg Paid \_\_\_\_\_ Date Signed Up \_\_\_\_\_

Group Assigned \_\_\_\_\_

I undertand that tuition fees are due the 1<sup>st</sup> Day of each camp or can be paid in advance  
and agree to pay through the Brightwheel app or by check or cash.

Signature & Date \_\_\_\_\_

Tuition Fee Scale: \$45 Registration Fee      \$85/Week      \$320 for all four weeks