Summer Camp Preschool Application & Enrollment Form

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: Male Female

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Method of Contact: Home Cell Email

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Name: Home Address (if different from child): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Work:

Parent or Guardian Name: Home Address (if different from child):

Preferred Phone: Email:

Work Phone: Place of Work:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:**

Name: Relationship: Number:

Name: Relationship: Number:

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Health and Medical Information

Immunizations up to date: Yes No

Is your child allergic to food or other substances? Yes No If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:

Are there any physical conditions that we should be aware of? Yes No If yes, describe the condition and list what precautions should be taken:

Does your child take any medications? Yes No If yes, please list each medication:

Does your child have any speech, hearing, or vision problems? Yes No If yes, please describe:

Any other concerns?

□Yes □No I authorize use of typical first aid supplies including but not limited to Neosporin, anti-bacterial spray, sunburn treatments, band-aids, and liquid Band-Aids.

□Yes □No I authorize use of preventative supplies, such as sun block, bug repellant, hand lotion, etc. □Yes □No I authorize use of pain relievers such as acetaminophen or ibuprofen.

**The following information will be used in case of medical emergency and the preschool is unable to get ahold of any emergency contacts:**

Child’s Doctor: Phone Number:

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Authorizations Form

**Transportation Authorization**

□ I authorize my child to be transported to and from excursions, such as the playground and field trips. Children will be securely fastened in a car seat and/or seatbelt appropriate for my child’s age and weight. Children will not be left unattended in any vehicle.

□ I do **NOT** give permission for my child to be transported.

**Water Play Authorization**

We participate in many water activities throughout the year which includes but is not limited to water table, water balloons/guns, sprinkler, and wading pool.

□ I authorize my child to participate in ALL water activities offered.

□ I do NOT authorize my child to participate in ANY water activities.

**Photo Authorization**

Please mark the appropriate box(s):

□ I give permission to have photographs/videos taken of my child. I understand these photos will be used in the classroom only or give to parents as a remembrance of their child’s year (including other families in the program).

□ I give permission for photos/videos to be posted on our Facebook.

□ I do NOT want any photos/videos taken of my child.

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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