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**APPLICATION FOR SUMMER 2018**

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| **Child’s first name:** | | **Child’s last name:** | |
| **Home Address:** | | | **Apt#:** |
| **Postal Code:** | **City:** | **Home phone:** | |
| **Date of Birth: MM/DD/YYYY** | **Gender:** | **Child’s Health Card:** | |

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| **Mother’s name:** | **Work #** | **Cell:** |
| **Email Address:** | | |
| **Father’s name:** | **Work #** | **Cell:** |
| **Email Address:** | | |

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| --- | --- | --- |
| **Emergency contact name:** | | **Relationship to child:** |
| **Phone #:** | **Drop-off location:** | |

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| **Does your child have allergies/medical history that we should be aware of/or could require** | |
| **immediate treatment? If so, please specify:** |  |
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| **Morning Pick up Address:** | |
| **Drop-off daycare/camp/organization Name:** | **Phone#:** |
| **Address:** | |

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| **Afternoon Pick up Address:** | |
| **Drop-off daycare/camp/organization Name:** | **Phone#:** |
| **Address:** | |

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| **Start Date:** | | **End Date:** | | | **Age:** | |
| **Supervision Begins:** | | **Start Time AM:** | | | **End Time PM:** | |
| **Mon:** | **Tues:** | | **Wed:** | **Thurs:** | | **Fri:** |
| **□Week of July 2** | **□Week of July 9** | | **□Week of July 16** | **□Week of July 23** | | **□Week of July 30** |
| **□Week of Aug 6** | **□Week of Aug 13** | | **□Week of Aug 20** | **□Week of Aug 27** | |  |

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| **Notes/Comments (Please Note if Booster seat is needed):** | |
| **Signature of parent/guardian:** | **Date:** |