

SUMMER CAMP

NAME: _____ PHONE: _____

ADDRESS: _____ ZIPCODE: _____

BIRTHDATE: _____ AGE: _____ M _____ F _____

MOTHER'S WORK _____ PHONE: _____

FATHER'S WORK _____ PHONE: _____

EMERGENCY INFORMATION

NAME OF PERSONS AUTHORIZED TO ACT FOR PARENTS IN CASE OF EMERGENCY:

1. _____ PHONE: _____

2. _____ PHONE: _____

TO WHOM MAY THE CHILD BE RELEASED:

1. _____ 2. _____

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS OR ALLERGIES, IF SO PLEASE DESCRIBE: _____

I GIVE PERMISSION TO THE STAFF TO ADMINISTER EMERGENCY TREATMENT TO MY CHILD. _____

CAMP FEES: A \$60.00 REGISTRATION FEE PAYABLE TO SMITH PRESCHOOL MUST ACCOMPANY THIS APPLICATION. THE CHARGE WILL BE \$60 DAILY WHICH WILL BE DUE MONDAY (FOR TWO WEEK INCREMENTS) MORNING IN ADVANCE. YOU WILL BE CHARGED FOR THE DAYS YOU HAVE SIGNED YOUR CHILD TO ATTEND. YOU MUST SIGN UP IN ADVANCE EVERY TWO WEEKS. WE HAVE TO MEET THE PROPER TEACHER/CHILD RATIO IN ORDER TO MEET STATE GUIDELINES. PLEASE INDICATE THE DAYS OF THE WEEK YOUR CHILD WILL ATTEND.

CAMP HOURS 7:30-5:30

LATE FEES: 5:30-5:45 - \$20.00

5:45-6:00-\$40.00

ALL CHILDREN ARE TO BRING THEIR OWN SNACKS, DRINKS AND LUNCHES. BRING A BACKPACK WITH SWIM SUIT AND TOWEL. LABEL EVERYTHING!!

EMAIL _____