

## Registration Form - Summer Camp 2020

Child's name: \_\_\_\_\_ Name of Parent/Guardian: \_\_\_\_\_

*Below to be filled in ONLY for NEW CHILD or if DIFFERENT from information in the school registration form:*

Birthdate (d/m/y): \_\_\_\_\_ Date of admission: \_\_\_\_\_

Address: \_\_\_\_\_ Date of discharge: \_\_\_\_\_

City: \_\_\_\_\_ Home phone: \_\_\_\_\_

**Guardian 1:** \_\_\_\_\_ **Guardian 2:** \_\_\_\_\_

Home address: \_\_\_\_\_ Home address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work address: \_\_\_\_\_ Work address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency contacts::**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**Child's physician:** \_\_\_\_\_ Telephone: \_\_\_\_\_

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

**Please list persons whom your child may be released to:**

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

**Please list persons whom your child may NOT be released to:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Reason: \_\_\_\_\_

|                          |                          |               |                          |                        |              |                      |
|--------------------------|--------------------------|---------------|--------------------------|------------------------|--------------|----------------------|
| <b>Session required:</b> | <input type="checkbox"/> | full day      | (9:00-3:30)              | <b>1 week payment:</b> | <b>\$250</b> | <i>full day</i>      |
|                          | <input type="checkbox"/> | a.m. half day | (9:00-12:00)             |                        | <b>\$180</b> | <i>a.m. half day</i> |
|                          | <input type="checkbox"/> | p.m. half day | (12:30-3:30)             |                        | <b>\$180</b> | <i>p.m. half day</i> |
| <b>Extended care:</b>    | <input type="checkbox"/> | none          | <input type="checkbox"/> | 7:30 - 9:00 a.m.       | <b>\$30</b>  | <i>a.m. 1 week</i>   |
|                          |                          |               | <input type="checkbox"/> | 3:30 - 5:30 p.m.       | <b>\$30</b>  | <i>p.m. 1 week</i>   |

**Weeks required:**

4th - 7th August

10th - 14th August

17th - 21st August

24th - 28th August

I understood the school has reserved the right to cancel/modify any session.

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

Parent's / Guardian's Signature: \_\_\_\_\_