

# Primary Prep Summer Camp 2023 Registration

Use this form for children currently in Toddler, PreK3, or PreK4 as of 4/1/23.

Please check appropriate boxes and return with registration fee of \$75.00.

<i>Program Selection/Cost:</i>	8:00—3:00 \$900.00 Per Session	8:00—6:00 \$1100.00 Per Session
<b>June 26—July 21</b> (Payment due June 2)	( )	( )
<b>July 24—August 18</b> (Payment due July 7)	( )	( )

***CAMPER INFORMATION:***

Child's Name \_\_\_\_\_ Gender (circle) M/F

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Current Grade \_\_\_\_\_ (as of 4/1/23)

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell# \_\_\_\_\_ Work# \_\_\_\_\_ Home# \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell# \_\_\_\_\_ Work# \_\_\_\_\_ Home# \_\_\_\_\_

**MANDATORY CAMPER PICK-UP AUTHORIZATION INFORMATION**

Please list, not including parent/guardian as shown above, who might be picking up your child at the end of their day. Until we know that person, ID will be required. It is mandatory that this form be part of your child's summer file.

NAME	RELATIONSHIP	CONTACT #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**MANDATORY HEALTH INFORMATION**

Does your child have and physical, medical or emotional problems? \_\_\_\_ Yes \_\_\_\_ No

Does your child take any medications on a daily basis? \_\_\_\_ Yes \_\_\_\_ No

If yes, list medications:

*All medications must be in the prescription bottle and a medical authorization form must be signed and on file in the school office.*

What allergies does your child have? \_\_\_\_\_

Please note any health issues that we need to know about: \_\_\_\_\_

A copy of your child's immunization record is mandatory prior to the start of camp.

In the event that I cannot be reached, I hereby give permission to the camp director to secure proper treatment for my child as named on this application.

Parent/Guardian Signature: \_\_\_\_\_