

A Family Tree School-Age Enrichment Program



COVER SHEET SUMMER CAMP

 WARWICK AVE

 EARLY LEARNING CENTER

 EDYTHE ST

 START DATE _____
 DHS _____ CERT NO. _____

PAYMENT TYPE

 CASH

 CHECK

 CREDIT CARD

CHECK NUMBER _____

RECEIPT NUMBER _____

REG. FEE \$ _____

SECURITY FEE \$ _____

 1ST WEEK TUITION \$ _____

STUDENT DISCOUNT % _____

SUMMERCAMP KIT \$ _____

SIZE YS _____ YM _____ YL _____ XL _____

TOTAL DUE \$ _____

INITIALS _____

DATE _____

STUDENT INFORMATION

CHILD'S NAME _____ DOB _____ AGE _____

PARENT/GUARDIAN'S NAME _____

PARENT/GUARDIAN'S NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER HOME _____

CELLPHONE _____ CELLPHONE _____

DRIVER'S LICENCE NUMBER _____ STATE _____

EMAIL 1 _____

EMAIL 2 _____

PLEASE CHECK THE DAYS ATTENDING

 MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY HOURS ATTENDING _____

 JUNE 8-12 PreK Graduates JUNE 29-JULY 3 JULY 20-24 AUG 10-14

 JUNE 15-19 JULY 6-10 JULY 27-31 AUG 17-21

 JUNE 22-26 JULY 13-17 AUG 3-7 AUG 24-28

Field Trip Permission

Field trips will be planned as part of A Family Tree School-Age Enrichment Program Summer Camp for children over the age of 4. This will include walking to nearby areas as well as outdoor activities involving bus and/or van transportation. Every possible precaution will be exercised to assure the safety and welfare of your child. However, all authorized agents shall not be responsible, financially or otherwise, should any accidents occur. This checked box gives A Family Tree School-Age Enrichment Program staff permission to take your child on any field trips and participate in any special presentations (example: puppet shows, storytellers, etc.). If any special circumstances, regarding field trips or presentations, apply to your child please notify your Administrator in writing immediately.

 Summer Swim Sessions

 PG 13 Movies

 Supervised sports activities (Soccer, Baseball, Football, etc.)

 Van Transportation

 PG Movies

 Sun Screen Application

 Photo Release

Parent/Guardian's Signature _____ Date _____

A Family Tree School-Age Enrichment Program

Emergency Form

1669 Warwick Ave

1648 Warwick Avenue

126 Edythe Street

CHILD'S NAME: _____ DOB: _____ Start Date _____

PARENT/GUARDIAN INFORMATION

PARENT/ GUARDIAN #1: _____

Relationship to the Child: _____

Address: _____

City, State, Zip: _____

Driver's License #: _____

Employer: _____

Phone #: _____

Home Phone #: _____

Cell phone #: _____

Email Address: _____

PARENT/ GUARDIAN #1: _____

Relationship to the Child: _____

Address: _____

City, State, Zip: _____

Driver's License #: _____

Employer: _____

Phone #: _____

Home Phone #: _____

Cell phone #: _____

Email Address: _____

Alternate Emergency Contact

Name: _____ Phone #: _____

Address, City, State, Zip: _____

Relation to Child: _____

Authorized Pick Up

Name: _____

Relation to Child: _____

Phone #: _____

Address, City, State, Zip: _____

Name: _____

Relation to Child: _____

Phone #: _____

Address, City, State, Zip: _____

Insurance Information

Health Insurance: _____ Coverage Number: _____

I hereby authorize *A Family Tree School-Age Enrichment Program* to arrange for medical examination and/or treatment of my child should an emergency arise at school or on a field trip. It is understood that a conscious effort will be made by the school to contact me at the emergency numbers I have provided before any medical action is taken. I would prefer to have my child, if the need arises taken to: **(Name of Hospital)** _____. The choice of hospital may be limited by service or local rescue. I authorize *A Family Tree School-Age Enrichment Program* to act as agent of the parents in an emergency for the health and welfare of my child. I am responsible for the expenses involved if the series of a physician or hospital are required.

Child's Physician Name: _____

Physician's Address: _____ Phone #: _____

Child's Health Conditions: _____

Child's Medication and Dosage: _____

Allergies/Special Dietary Needs: _____ Reaction Symptoms: _____

Epi- Pen: Yes No Inhaler: Yes No Breathing Treatment Yes No

Parent/Guardian Signature _____ Date _____