Summer Camp Registration 2020

Child Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_\_\_\_

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

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**\*Please check the weeks you would like for your child attend.**

**\*A one time registration fee of $25 is due at the beginning of first chosen camp.**

**\*Each camp week runs from Monday-Friday 8am-12pm OR 8am-5pm**

**6 months-2 yrs Half Day: $115/week Full Day: $155/week**

**3 yrs-8 yrs Half Day: $95/week Full Day: $135/week**

**June 15-19 Concrete and Cranes\_\_\_\_\_\_ July 20-24 Slimy Science\_\_\_\_\_**

**June 22-26 Lego Land\_\_\_\_\_ July 27-31 Art\_\_\_\_\_**

**June 29-July 3 CLOSED Aug 3-7 Color Me Healthy(Fitness)\_\_\_\_\_\_**

**July 6-10 Superheroes\_\_\_\_\_\_**

**July 13-17 Outer Space\_\_\_\_\_\_\_**

**A one time registration fee of $25 is due at the beginning of first chosen camp.**

**Total:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Payment is due in full at the beginning of each camp week.**

**\*\*Please pack a lunch that does not have to be heated and a water bottle.**

**\*\*We will provide snacks.**

**\*\*Please dress your child in play clothes and closed toed shoes that you don’t mind if they get dirty.**

**\*\*Preschool ages 6 weeks-4 years will be separate from children ages 5-8 years.**

Emergency Contacts

**Authorized person(s) who may pick up and/or take responsibility for my child in the case of any of the following:**

**-Medical Emergency**

**-If parent(s) cannot be reached to pick up child at designated pick up time or at closing.**

**-If staff cannot reach parent(s), these people may assume responsibility of the child.**

**\*\*Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

**\*\*Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

**\*\*Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

Parent Instructions and Consent

1. Is your child toilet trained?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ages 3 and up)

Special Instructions/Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Does your child have allergies? If yes, please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*We are a nut free facility BUT some products are processed in a facility that processes nut products as well. If this presents an issue for your child, please provide them with their own snack.**

3. Does your child present behavioral or developmental concerns?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. I authorize staff of Kid Cove to use the commercial baby wipes and diapers I have provided o

n my child. I also authorize Kid Cove staff to use the Kid Cove provided baby wipes and diapers at $1 per diaper.

**Initials:**\_\_\_\_\_\_

5. I give Kid Cove permission to use my child’s photo on Facebook and other Social Media outlets exclusively for Kid Cove and no other public outlet other than in Kid Cove property. **Initials:** \_\_\_\_\_\_

6. I understand that Kid Cove, in emergency situations, may have to contact an emergency medical service before they contact the parent, child physician and/or the person responsible for my child. In the event of a medical emergency, I understand that my child may be transported to the nearest emergency facility if deemed necessary by the emergency medical professional.

**Initials:**\_\_\_\_\_\_

7. I grant permission to Kid Cove staff to take appropriate measures deemed necessary to care for and protect my child while in their care.

**Initials:**\_\_\_\_\_\_

Is your child vaccinated? yes\_\_\_\_\_ no\_\_\_\_\_

\*Please have vaccination records sent to kidcoveboone@gmail.com by first day of enrollment.

I understand it is my responsibility to keep this form updated if changes need to be made. Kid Cove is not liable if any of this information is outdated or incorrect.

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