



Registration Form

Summer 2017

Student Information:

Name: _____ Gender: M / F

Age: _____ Grade Completed: _____ Date of Birth: ___ / ___ / ___

Parent/Guardian Information:

Mother's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Number: _____ Cell Phone: _____ Work: _____

Employer: _____ Work Hours: _____

Email Address: _____

Father's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Number: _____ Cell Phone: _____ Work: _____

Employer: _____ Work Hours: _____

Email Address: _____

Parent's Marital Status: _____

Child lives with... (Please check all that apply.)

Mother

Father

Grandparents

Other

Emergency Contacts:

Name: _____ Relationship: _____

Home Number: _____ Cell Phone: _____ Work: _____

Name: _____ Relationship: _____

Home Number: _____ Cell Phone: _____ Work: _____

Health Information:

Child's Physician: _____ Number: _____

Preferred Hospital: _____ Number: _____

Allergies: _____

Medical Concerns: _____

Additional Persons Authorized for Pick Up:

Name: _____ Number: _____

Name: _____ Number: _____

Name: _____ Number: _____

Family Information:

(Please list other children in the family.)

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Home Church: _____

Camp Weeks: (Please select the weeks you're registering your child for camp.)

() July 5th-7th

() July 31st-August 4th

() July 10th-14th

() August 7th-11th

() July 17th-21st

() August 14th-15th

****July 24th-28th- Join us for FIRST's annual Break Away Day Camp. Registration will take place through the church office. Summer Life will not be offered this week.***

Early Care (7:00am-9:30am):

() Monday () Tuesday () Wednesday () Thursday () Friday

Late Care (3:30pm-5:30pm):

() Monday () Tuesday () Wednesday () Thursday () Friday

***Early/Late Care is an additional \$5.00 per day.**

Child's Shirt Size: YS / YM / YL / AS

Acknowledgements: (Please initial next to each statement.)

___ I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in critical emergency requiring medical care, I authorize Little Angels Early Childhood Center/Summer Life Camp to contact the care providers I have indicated within this enrollment form.

___ I have been informed of the required health and safety inspections through the handbook and the inspection forms are available for review.

___ When my child is ill, I understand and agree that he/she may not be allowed to attend or remain in the care of Little Angels Early Childhood Center/Summer Life Camp.

___ I give permission for my child to participate in field trips/excursions. I understand I will be notified in advance when they are planned.

___ I give permission for LAECC to transport my child.

___ I give permission for my child to be included in photographs and videos that may be used for church and/or LAECC publicity or activities.

___ I understand that I may request notice at initial enrollment or any time there after whether there are children currently enrolled in or attending LAECC/Summer Life Camp for whom an immunization exemption has been filed.

Financial Agreements: (Please initial next to each statement.)

___ I understand that the weekly camp fee and supply fee is due the Monday prior to the camp week my child will attend.

___ I understand if my child is unable to attend camp, I can use that payment towards another camp week. The last date to use your payment towards another week of camp will be August 7th, 2017. There will be no cash back refunds.

___ I understand the weekly camp fee is \$115 regardless of the amount of days attended.

Office Use Only:

Date:

() Completed Registration Form

() Registration Fee: \$10.00 per week

() Weekly Camp Fee \$115.00 per week
