



# Registration Form

## Summer 2018

### 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 5<sup>th</sup>-6<sup>th</sup>

( ) July 30<sup>th</sup>-August 3<sup>th</sup>

( ) July 9<sup>th</sup>-13<sup>th</sup>

( ) August 6<sup>th</sup>-10<sup>th</sup>

( ) July 16<sup>th</sup>-20<sup>th</sup>

( ) August 13<sup>th</sup>-14<sup>th</sup>

***\*July 23<sup>rd</sup>-27<sup>th</sup> - 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 6<sup>th</sup>, 2018. There will be no cash back refunds.

\_\_\_\_ I understand the weekly camp fee is \$110 regardless of the amount of days attended.

**Office Use Only:**

**Date:**

( ) Completed Registration Form

\_\_\_\_\_

( ) Registration Fee: \$10.00 per week

\_\_\_\_\_

( ) Weekly Camp Fee \$110.00 per week

\_\_\_\_\_