



SUMMER REGISTRATION FORM 2026

NAME OF CHILD _____

DATE OF BIRTH _____

ADDRESS _____

TELEPHONE _____

CHILD'S AGE _____

NAME OF PARENTS: (PARENT #1) NAME: _____

EMAIL ADDRESS: _____

(PARENT #2) NAME: _____

EMAIL ADDRESS: _____

DAYS ATTENDING: M _____ T _____ W _____ Th _____ F _____

MONTHS: JUNE _____ JULY _____ AUGUST _____

MORNING _____ FULL DAY _____

REGISTRATION FEE: \$75.00 NEW STUDENT
N/C - IF CHILD IS ENROLLED & CONTINUING THRU THE SUMMER.

ACTIVITY FEE: \$100.00- New and current students

REGISTRATION AND ACTIVITY FEES ARE NON-REFUNDABLE

TUITION FEES:	HALF-DAY RATE	FULL DAY RATE
	\$67.00 PER DAY	\$75.00 PER DAY

CAMP HOURS: 6:30 A.M. TO 6:00 P.M.

ACTUAL CAMP TIMES 9:00 A.M. TO 4:00 P.M.

DISCOUNT RATE FOR 2 OR MORE CHILDREN, AND FIRST RESPONDER. PLEASE SEE DIRECTOR

Parent's Signature

Date

PLEASE COMPLETE ALL INFORMATION

IDENTIFICATION & EMERGENCY INFORMATION:

PARENT # 1 _____

SOCIAL SEC# _____

EMPLOYMENT _____

HOURS: _____

CELL PHONE# _____

WORK PHONE # _____

PARENT # 2 _____

SOCIAL SEC # _____

EMPLOYMENT _____

HOURS: _____

CELL PHONE # _____

WORK PHONE # _____

PERSONS AUTHORIZED TO PICK UP CHILD:

RELATIONSHIP _____

“ ” _____

“ ” _____

UNDER NO CIRCUMSTANCES WILL A CHILD BE RELEASED TO ANYONE NOT KNOWN TO THE SCHOOL WITHOUT PRIOR AUTHORIZATION FROM PARENTS.

MEDICAL INFORMATION:

PLEASE LIST ALL DATES OF IMMUNIZATION SERIES.

DPT/POLIO: 1ST. _____ 2ND. _____ 3RD. _____ *BOOSTER _____
(*BOOSTER IS FOR CHILDREN 5 YEARS AND OVER)

DOES CHILD HAVE ANY ALLERGIES? _____

IF SO, HOW DOES IT USUALLY MANIFEST ITSELF? _____

DOES CHILD HAVE ANY DIETARY RESTRICTIONS? _____ IF SO WHAT? _____

_____ WHY? _____

PERMISSION STATEMENT: I, _____ grant permission for my child to use all of the play equipment and participate in all the activities of the school. I further grant permission for the Director or Acting Director to take whatever steps necessary to obtain emergency medical if warranted. These may include, but not limited to: 1. Attempt to contact parents. 2. Attempt to contact you through any person listed in the emergency information you completed. 3. If we cannot contact you, we will do the following: a) call an ambulance, b) have the child taken to an emergency hospital in the company of a staff member for treatment. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment. Please list any person to be contacted in the event of an emergency or illness of your child:

NAME: _____

PHONE # _____

NAME: _____

PHONE # _____

(DATE)

(PARENT'S SIGNATURE)