



FOR SCHOOL USE ONLY
DATE RECEIVED:
REGISTRATION FEE ATTACHED:
ADMITTED BY:
() NEW
() RETURNING

2024 SUMMER CAMP REGISTRATION FORM

8:30-12:30PM, M-W \$140

25% of camp fee is due upon registration. The remainder will be due on June 1st, 2024. Families will forfeit their initial deposit if cancelling after May 1, 2024.

Please select your week(s) below:

- () July 8th-12th
- () July 15th-19th
- () July 22nd-26th
- () July 29th-August 2nd
- () August 5th-August 9th
- () August 12th-16th

Child's Full Name _____
(first) (middle) (last)

Child's pronouns: _____ Name by which child likes to be called: _____

Date of Birth _____ Age as of July 1, 2024: _____(yr) _____(mo)

*Children must be three during the week they are registered and potty trained

Race/Ethnicity (Optional - this information is used for aggregate statistical reporting):

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (select all that apply): American Indian or Alaska Native Asian White
 Black or African American Native Hawaiian/Pacific Islander

Languages spoken at home: _____

Parent _____ Parent _____

Address _____ Address _____

Email _____ Email _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Occupation _____ Occupation _____

Place of Work _____

Place of Work _____

Medical Information

Name of physician: _____ Telephone: _____

Name of dentist: _____ Telephone: _____

Medical Insurance carrier: _____ ID# _____

Emergency Contacts

In case of an emergency who can we call if parents can not be reached? (Please provide two contacts)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Authorized Pick-Up List

The following individuals are permitted to pick my child up from school in the event that I am unable to:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Does your child have any allergies, medications, health issues or special dietary requirements that TCS should be aware of? () NO () YES - please describe:

Please list anything else you think we should know about your child: (First time camp experience, needs help with..., etc.)

In the event that _____ becomes ill or injured, I authorize emergency medical care, including transport in an emergency vehicle, and give permission to contact the child's physician on my behalf.	YES ()	NO ()
I give consent for medical information about my child, _____ to be shared with teachers and volunteer personnel within The Children's School on a need to know basis. (for example allergies to foods or animals etc)	YES ()	NO ()
I give consent for the staff of The Children's School to apply the sunscreen I have provided for my child.	YES ()	NO ()
I give consent for the staff of The Children's School to use insect repellent I have provided for my child one time daily.	YES ()	NO ()

I give consent for _____ to take part in all field trips or excursions under proper supervision. We will notify you in advance of all trips requiring transportation.	YES ()	NO ()
Permission is granted for my child's photo, video/audio tape recording to be used for The Children's School publicity (i.e. Brochures, Posters, Website):	YES ()	NO ()

I acknowledge my obligation to settle the outstanding camp fee by June 1, 2024. Additionally, I consent to forfeit the entire camp fee should I cancel after June 1, 2024, and forfeit my fee deposit after May 1, 2024. Should camp need to be cancelled due to low enrollment, TCS will cancel no later than May 1st and return all fees.

PARENT/GUARDIAN SIGNATURES: _____ DATE: _____

Please submit this form along with:

- 1) 25 % Camp Fee (\$35) for each week registered.
- 2) Child's Immunization Record or Waiver Form
- 3) Child's Health Examination Form