

**SUMMER CAMP**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

MOTHER'S WORK \_\_\_\_\_ PHONE: \_\_\_\_\_

FATHER'S WORK \_\_\_\_\_ PHONE: \_\_\_\_\_

**EMERGENCY INFORMATION**

NAME OF PERSONS AUTHORIZED TO ACT FOR PARENTS IN CASE OF EMERGENCY:

1. \_\_\_\_\_ PHONE: \_\_\_\_\_

2. \_\_\_\_\_ PHONE: \_\_\_\_\_

**TO WHOM MAY THE CHILD BE RELEASED:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS OR ALLERGIES, IF SO PLEASE DESCRIBE: \_\_\_\_\_

I GIVE PERMISSION TO THE STAFF TO ADMINISTER EMERGENCY TREATMENT TO MY CHILD. \_\_\_\_\_

**CAMP FEES:**A \$60.00 REGISTRATION FEE PAYABLE TO SMITH PRESCHOOL MUST ACCOMPANY THIS APPLICATION.THE CHARGE WILL BE \$45 DAILY OR 225.00 WEEKLY WHICH WILL BE DUE EVERY MONDAY MORNING IN ADVANCE.YOU WILL ONLY BE CHARGED FOR THE DAYS YOUR CHILD ATTENDS.MAKE WEEKLY CHECKS PAYABLE TO CLAUDIA MOORE.YOU MUST SIGN UP IN ADVANCE FOR THE DAYS AND WEEKS YOUR CHILD PLANS TO ATTEND.WE HAVE TO MEET THE PROPER TEACHER/CHILD RATIO IN ORDER TO MEET STATE GUIDELINES.PLEASE INDICATE THE DAYS OF THE WEEK YOUR CHILD WILL ATTEND.

JUNE 6 \_\_\_\_\_ JULY 5 \_\_\_\_\_ AUG 1 \_\_\_\_\_

JUNE 13 \_\_\_\_\_ JULY 11 \_\_\_\_\_ AUG 8 \_\_\_\_\_

JUNE 20 \_\_\_\_\_ JULY 18 \_\_\_\_\_ AUG 15 \_\_\_\_\_

JUNE 27 \_\_\_\_\_ JULY 25 \_\_\_\_\_ LAST DAY OF CAMP IS AUGUST 17TH

**CAMP HOURS** 7:30-5:30

**LATE FEES:** 5:30-5:45 - \$20.00

5:45-6:00-\$40.00

ALL CHILDREN ARE TO BRING THEIR OWN SNACKS, DRINKS AND LUNCHES