



Jack and Jill School Summer Camp

Registration Form



Child's Information

Child's Name: _____ Date of Birth: _____ Age: _____

Child's Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Sex: **M** **F** Name of School/Center Previously Attended: _____

Parent/Guardian's Name: _____ Telephone: _____

Parent/Guardian's Name: _____ Telephone: _____

Emergency Contact: _____ Emergency Telephone: _____

Camper's Physical Limitations: _____

Allergies /Medications: _____

Child's Physician: _____ Phone #: _____

Parent/Guardian Agreement

I/We hereby grant permission for the above-named camper, for whom I have legal responsibility, to attend the Jack and Jill School Summer Camp Program. I/We give my/our approval for him/her to participate in all Camp programs and activities. I/We agree to hold harmless, the Jack and Jill School, its employees, volunteers and all others associated with this program for any mishaps/accidents or other incidents resulting from the above camper's participation in Camp. Further, I/We hereby give permission for the Jack and Jill School staff to give my child simple first aid when necessary or in the event of a more serious accident, for my child to be transported by ambulance to the Frisbie Memorial Hospital to receive emergency medical treatment. I /We also authorize emergency personnel to administer such treatment as is medically necessary and I/we authorize hospital staff to undertake examination and emergency treatment, as warranted, on behalf of my child.

Parent\Guardian Signature _____ Date _____

_____ Date _____

Name & Address of Two People to Contact if Parents CANNOT be Reached

Name: _____ Phone #: _____
 Address: _____ City: _____ State: _____
 Name: _____ Phone #: _____
 Address: _____ City: _____ State: _____

Pick up Authorization

Name of Person(s) Authorized to pick up child:
 Name: _____ Phone # _____
 Name: _____ Phone # _____
 Name: _____ Phone # _____

Name of Person(s) **not** Authorized to pick up child*: _____

*Appropriate paperwork (custody papers) should be attached if parent is not allowed to pick up child

***** CHOOSE YOUR SUMMER CAMP FUN WEEKS *****

Please check the weeks that you wish to reserve for your child to attend camp:

June 11-15 _____ (Cool Color Creations)	June 18-22 _____ (A trip Into Outer Space)	June 25-29 _____ (Delightful Dinosaurs)	July 9-13 _____ (Wild Wild West)	July 16- 20 _____ (Fairy Tale Adventures)
July 23-27 _____ (Sports of All Sorts) *	July 30- August 3 _____ (Beautiful Bugs)	August 6-10 _____ (Ocean Exploration) *	August 13-17 _____ (Super Science)*	August 20-24 _____ (Splish Splash Water Fun)

*special guests will join us these weeks: Sports coaches/players July 23-27, Seacoast Science Center Aug. 6-10, Mad Science Aug. 13-17

Half Day (between the hours of 9am to 1pm) \$100 _____

Full Day (between the hours of 7am to 5:30pm) \$215 _____

**** If you choose different time slots for different weeks please note that above the week.**

***** There is a \$25 registration fee if your child is not already enrolled at Jack and Jill School**

Agreements

- Jack and Jill School Summer Camp staff agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.
- The parent/guardian authorizes Jack and Jill School Summer Camp Staff to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.
- The parent/guardian agrees to notify Jack and Jill School immediately with any address or phone number changes.
- The parent/guardian agrees to have an update health/immunization form on file while child is enrolled.
- The parent/guardian agrees to have payments paid on Monday of each week child is enrolled and is responsible for payment for all weeks reserved on this form. *Any changes must be made by June 1st.

Parent or Guardian Signatures

Parent/Guardian _____

Date _____

Parent/Guardian _____

Date _____