



# 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 10-14 _____ (Artistic Explorations)	June 17-21 _____ (Wild About Animals)*	June 24-28 _____ (Delightful Dinosaurs)	July 8-12 _____ (Playful Pirates)	July 15-19 _____ (Tracks...Tubes & Tunnels)
July 22-26 _____ (Sports of All Sorts) *	July 29-August 2 _____ (Hawaiian Hullabaloo)	August 5-9 _____ (Little Builders)	August 12-16 _____ (Super Science)*	August 19-23 _____ (Make A Splash)

\*special guests will join us these weeks: Wildlife Encounters, June 17-21, Sports coaches/players July 22-26, Mad Science Aug. 12-16

**Half Day** (between the hours of 9am to 1pm) \$110 \_\_\_\_\_

**Full Day** (between the hours of 7am to 5:30pm) \$225 \_\_\_\_\_

\*\* 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 currently 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 \_\_\_\_\_