

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

2024 SUMMER CAMP REGISTRATION FORM

8:30-12:30PM, M-F \$220

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)
Date of Birth*Children must be three during the week	Name by which child likes to be called:(mo) Age as of July 1, 2024:(yr)(mo) k they are registered on is used for aggregate statistical reporting):
Ethnicity (check one): Hispanic or Race (select all that apply): America	
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 dentist:	Telephone:Telephone:Telephone:Telephone:		
Emergency Contacts			
In case of an emergency who can be Name: Name:	an we call if parents can not be reached? (Plea: Relationship:Phone Relationship:Phone	se provide two con	tacts)
Authorized Pick-Up List			
The following individuals are per	rmitted to pick my child up from school in the ev	vent that I am unab	le to:
Name:Phore	Relationship:Phone Relationship: ne:Relationship: ne:	:	
	ies, medications, health issues or special dietar		
Please list anything else you thin help with, etc.)	nk we should know about your child: (First time	camp experience,	needs
	becomes ill or injured, I re, including transport in an emergency contact the child's physician on my behalf.	YES ()	NO()
	be shared with teachers and volunteer School on a need to know basis. (for	YES ()	NO()
I give consent for the staff of Th have provided for my child.	ne Children's School to apply the sunscreen I	YES ()	NO()
I give consent for the staff of Th have provided for my child one	ne Children's School to use insect repellant I time daily.	YES ()	NO()

I give consent fort excursions under proper supervision. We will not trips requiring transportation.	to take part in all field trips or notify you in advance of all	YES ()	NO()
Permission is granted for my child's photo, vide used for The Children's School publicity (i.e. E		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 (\$55) for each week registered.
- 2) Child's Immunization Record or Waiver Form
- 3) Child's Health Examination Form