

# PEARCE 4 KIDS

## 2017 Summer CAMP Registration Form

Please complete all 4 pages of this registration form

### CHILD'S INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip

Home Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade in the fall: \_\_\_\_\_

### MOTHER'S INFORMATION

Name: \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip

Home Phone (if different from above): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

(The email address provided above will be included in our group email contacts and electronic newsletter contact list unless you note it not be included)

### FATHER'S INFORMATION

Name: \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip

Home Phone (if different from above): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

(The email address provided above will be included in our group email contacts and electronic newsletter contact list unless you note it not be included)

How did you hear about Pearce 4 Kids:  Suburban News  Gates-Chili Post  Sign Board  CCCSD Concert Program  Referral  
 Other \_\_\_\_\_

Referring Family: \_\_\_\_\_

### FOR OFFICE USE ONLY

Registration Fee Paid: \$ \_\_\_\_\_ Check No. \_\_\_\_\_ Date: \_\_\_\_\_ Parent Agreement: \_\_\_\_\_

Attending:  Week 1 ( W TH F )  Week 5 ( M T W TH F )  
 Week 2 ( M T W TH F )  Week 6 ( M T W TH F )  
 Week 3 ( M T W TH F )  Week 7 ( M T W TH F )  
 Week 4 ( M T W TH F )  Week 8 ( M T W TH F )

\$ \_\_\_\_\_ deposit received

## Weeks Attending

Please check the days of each week that your child will attend Camp

√	Weeks	Mon.	Tue.	Wed.	Thu.	Fri.
✓	Week 1: July 3 – July 7					
	Week 2: July 10 – July 14					
	Week 3: July 17 – July 21					
	Week 4: July 24 – July 28					
	Week 5: July 31 – August 4					
	Week 6: August 7 – August 11					
	Week 7: August 14 – August 18					
	Week 8: August 21 – August 25					

A non-refundable \$20.00 deposit is due upon registration for each week checked. This deposit will be deducted from the weekly tuition amount of each week.

**In addition to the \$20 deposit for each week, please submit the \$40 registration fee with this form.**

## RELEASE INFORMATION

My child may be released to the following people (please do not list parents)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

## MEDICAL INFORMATION

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Affiliation \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

ADD/ADHD:    \_\_\_ Yes \_\_\_ No            Other behavioral issues \_\_\_\_\_

Special food/activity instructions \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY INFORMATION**

In the event that we cannot reach either mother/father (or guardian), please list the persons we may call:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**PARENTAL AGREEMENT**

I, the undersigned, hereby enroll my child in the Pearce 4 Kids Child Care Center beginning \_\_\_\_\_. It is understood that Pearce 4 Kids assumes the responsibility for my child's well-being during the hours of care and will make every effort to contact the parent should any type of emergency arise. I agree that in case of accident or injury, emergency medical care may be given in the event that I (or designated persons) cannot be reached.

In addition:

- I give consent for my child to take part in field trips or excursions away from the facility under proper supervision.
- I agree to pay the full amount of weekly tuition by the Friday prior to the week my child is registered to attend CAMP.
- I further understand that overtime fees will be charged if I am late picking up my child at a rate of \$10.00 per child, in 10 minute increments, and an additional \$2.00 for every minute after 6:20pm.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PHOTOGRAPH PERMISSION**

Please check all that apply:

\_\_\_ I give my permission for my child's picture to be taken and used in the classroom and on bulletin boards in the hallway at Pearce 4 Kids.

\_\_\_ I give my permission for my child's picture to be taken and used in publicity about Pearce 4 Kids (no full names will be used without written consent by a parent).

\_\_\_ I give my permission for my child's picture to be taken and used on the official Pearce 4 Kids Facebook public fan page (no names will be published on internet sites without written consent by a parent).

\_\_\_ I give my permission for my child's picture to be taken and used on P4K blogs and/or P4K electronic newsletters (these will be accessible to P4K families only and no names will be published without written consent by a parent).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please check if you are a:

- Pearce Church Employee     Pearce 4 Kids Employee     Roberts Wesleyan College Faculty/Staff Employee

Pearce 4 Kids Child Care Center  
4322 Buffalo Road  
North Chili, NY 14514  
585-594-1833  
[www.pearce4kids.org](http://www.pearce4kids.org)