

PEARCE 4 KIDS

2018 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
 Facebook Other _____

Referring Family: _____

FOR OFFICE USE ONLY

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

Attending: Week 1 (M T TH F) July 2-6 Week 5 (M T W TH F) July 30-August 3
 Week 2 (M T W TH F) July 9-13 Week 6 (M T W TH F) August 6-10
 Week 3 (M T W TH F) July 16-20 Week 7 (M T W TH F) August 13-17
 Week 4 (M T W TH F) July 23-27 Week 8 (M T W TH F) August 20-24

\$ _____ 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 2 – July 6					
	Week 2: July 9 – July 13					
	Week 3: July 16 – July 20					
	Week 4: July 23 – July 27					
	Week 5: July 30 – August 3					
	Week 6: August 6 – August 10					
	Week 7: August 13 – August 17					
	Week 8: August 20 – August 24					

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
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www.pearce4kids.org