Appletree Summer Camp (School Age / Preschool)

2017 Summer Camp Registration Form

Date: / /

Please check your child's Schedule

Pick up time	Before 8:30	3 pm	4 pm	5 pm	6-7 pm
5 days (M, T, W, Th, F)					
4 days (M, T, W, Th, F)					
3 days (M, T, W, Th, F)					

*Payment record: Deposit*____

CHILD'S INFORMATION

Child's Name:____ Date Of Birth: _________/_________/_______________

Sex: __________M _________F Grade in September: _______________ Home Phone: (_________)___________________

Home Address: ____

Mother's Information

Name: ____

Cell Phone: (______________)____________________________

Employer: ____

E-mail:____

Father's Information

Name: ____

Cell Phone: (_______________)______________________________

Employer:____

E-mail:____

EMERGENCY CONTACT INFORMATION (other than parent)

Name: ____

Phone #: (_____________)_____________________________

Relationship to child:__________________________________

I hereby give permission to take my child to the person

Signature:

Name: ____

Phone #: (_____________)_____________________________

Relationship to child:__________________________________

I hereby give permission to take my child to the person

Signature:

PEDIATRICIAN INFORMATION

Doctor's Name: _____________________________________ Phone #: _________________________________

ALLERGIES:____

POLICY AGREEMENT and PERMISSION - continued to backside

POLICY AGREEMENT and PERMISSION

I want to enroll my child and have received and understand following policies and permission.

No.	Document Name	Parent's Signature
1	The Appletree Preschool Policies stated on the Parent's Handbook	
2	The Guidelines for Positive Discipline	
3	The policy of communicable diseases	
4	The information to parents documents from NJ State	
5	The expulsion policy	
6	Permission to take photos of a child	
8	Walking trip permit (Brookside Park in River Edge) ( ) I give my permission for my child to attend the walking trip. ( ) I do NOT want my child to attend the walking trip (stay with a baby class). I believe that the school does the best work for my child's safety and certify that I will not hold the school or any personnel associated with the school responsible in case of accident or injury.	
9	Emergency Medical Authorization I hereby give my permission for the administration of any treatment deemed necessary by the designated physician above or, if the doctor is not available, by another physician and transfer of my child to any hospital reasonably accessible.	

Child's Name: ______________________________ Date: ______________

Parent's Name: ______________________________ Signature: ____________________