



## SUMMER CAMP 2021 PROGRAM FORM

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE(s): \_\_\_\_\_ GRADE ENTERING SEPT 2021: \_\_\_\_\_

PARENT'S EMAIL: Dad \_\_\_\_\_ Mom \_\_\_\_\_

I would like my child to REST from 1:00 - 1:30 \_\_\_\_\_ OR NAP from 1:00 - 3:00 \_\_\_\_\_

PLEASE SELECT T-SHIRT SIZE: (1 child size shirt is included with the activity fee)

CHILD SIZES: ( ) X-SMALL 2-4 ( ) SMALL 6-8 ( ) MEDIUM 10-12 ( ) LARGE 14-16

ADULT SIZES: ( ) SMALL 34-36 ( ) MEDIUM 38-40 ( ) LARGE 42-44

( ) XL 46-48 ( ) XXL 50-52

Additional shirts: Child \$10.00 Adult \$12.00 - Great for helping out on trips!

(X) THE HOURS, DAYS AND WEEKS DESIRED:

<u>HOURS</u>
( ) HALF DAY: 9:00am - 12:00pm
( ) SCHOOL DAY: 9:00am - 3:45pm
( ) EXTENDED DAY: 7:00am - 5:30pm

<u>DAYS</u>
( ) 5 DAYS: MONDAY THROUGH FRIDAY
( ) 4 DAYS: _____, _____, _____, _____
( ) 3 DAYS: _____, _____, _____
( ) 2 DAYS: _____, _____

<u>Check (X)</u> <u>Weeks</u>	<u>WEEKS</u>
	JUNE 21 - JUNE 25
	JUNE 28 - JULY 2
	*JULY 6 - JULY 9
	JULY 12 - JULY 16
	JULY 19 - JULY 23
	JULY 26 - JULY 30
	AUGUST 2 - AUGUST 6
	AUGUST 9 - AUGUST 13
	AUGUST 16 - AUGUST 20
	AUGUST 23 - AUGUST 27

<u>INDICATE SPECIFIC DAYS REQUESTING</u>
M T W Th F
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\* CLOSED July 5th in observance of Independence Day.



Please return this form with your activity fee & deposit upon registration.

Child's Name \_\_\_\_\_
Address \_\_\_\_\_
Mother's Name \_\_\_\_\_
Cell Phone # \_\_\_\_\_
Father's Name \_\_\_\_\_
Cell Phone # \_\_\_\_\_

Grade Entering in Sept. 2021 \_\_\_\_\_
Date of Birth \_\_\_\_\_
Home # \_\_\_\_\_
Business Phone # \_\_\_\_\_
Home # \_\_\_\_\_
Business Phone # \_\_\_\_\_

Additional Persons Authorized To Pick Up Child In Case Of Emergency:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_
Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Allergies: Please circle:

Bee Stings yes no
Insect Bites yes no
Poison Ivy yes no
Penicillin yes no
Aspirin yes no

Please list ANY medication(s) child is NOW taking:

Please list ANY illness for which child is under medical

Has child had ANY of the following?

Epilepsy yes no
Heart Trouble yes no
Fainting Spells yes no
Convulsions yes no
Asthma / Wheezing yes no
Heat Exhaustion/Heat Stroke yes no
Frequent Stomach Upsets yes no
Does Camper Wear Ear Plugs? yes no
Does Camper Wear Glasses? yes no

Food Allergies: Please list: \_\_\_\_\_

Medication Allergies: Please list: \_\_\_\_\_

Please list ANY serious illnesses your child has had \_\_\_\_\_

Should Camper's activities be restricted in ANY way? \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Hospital Preference \_\_\_\_\_

NOTE \* Any child needing prescription medication administered during camp must have forms filled out and signed by parent for dispensation of medication. These forms are available at the Les Enfants office.

I attest that my child is in good health and can participate in all Summer Camp activities. Furthermore, he/she has been examined by a physician within one year prior to the date of registration. In the event that a medical emergency occurs, I authorize Les Enfants to seek emergency medical care for my child.

I grant permission for my child to use all indoor and outdoor play equipment in the Les Enfants program and participate in all camp activities, including supervised neighborhood walks, walking field trips, and activities at local parks.

I grant permission for my child and/or staff to apply and or reapply sunscreen as needed.

My child has permission to use all the swimming and playground facilities at the Palisades Park Swim Club as well as travel on a seat belted bus to and from Les Enfants Preschool to the Palisades Park Swim Club.

I have read, understand and agree to abide by the Summer Camp Payment Policies and policies set forth in the "ABC'S of Les Enfants". These policies include the Information to Parents Document and the Les Enfants Discipline Policy.

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

OVER

