



SUMMER CAMP 2023 PROGRAM FORM

CHILD'S NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____ CURRENT SCHOOL: _____
PHONE(s): _____ GRADE ENTERING SEPT 2023: _____
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

(X) THE HOURS, DAYS AND WEEKS DESIRED:

| HOURS |
|-----------------------------------|
| () HALF DAY: 9:00am - 12:00pm |
| () SCHOOL DAY: 9:00am - 3:45pm |
| () EXTENDED DAY: 7:00am - 5:30pm |

| DAYS |
|--|
| () 5 DAYS: MONDAY THROUGH FRIDAY |
| () 4 DAYS: _____, _____, _____, _____ |
| () 3 DAYS: _____, _____, _____ |
| () 2 DAYS: _____, _____ |

| Check (X) Weeks | WEEKS |
|--------------------|-----------------------|
| | JUNE 19 - JUNE 23 |
| | JUNE 26 - JUNE 30 |
| | *JULY 5 - JULY 7 |
| | JULY 10 - JULY 14 |
| | JULY 17 - JULY 21 |
| | JULY 24 - JULY 28 |
| | JULY 31 - AUGUST 4 |
| | AUGUST 7 - AUGUST 11 |
| | AUGUST 14 - AUGUST 18 |
| | AUGUST 21 - AUGUST 25 |

| INDICATE SPECIFIC DAYS REQUESTING |
|--------------------------------------|
| M T W Th F |
| M T W Th F |
| W Th F |
| M T W Th F |
| M T W Th F |
| M T W Th F |
| M T W Th F |
| M T W Th F |
| M T W Th F |
| M T W Th F |



* CLOSED July 3rd & 4th in observance of Independence Day.

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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. 2023 _____
 Date of Birth _____
 Home # _____
 Business Phone # _____
 Home # _____
 Business Phone # _____

Persons Authorized (in addition to parents) To Pick Up Child In Case Of Emergency: **REQUIRED**

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 care: _____

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 Palsades Park Swim Club 200 Roosevelt Pl. Palsades Park as well as travel on a seat belted bus to and from Les Enfants Preschool to the Palsades Park Swim Club. Bussing will be provided by First Student 170 South Dean Street, Englewood, NJ.

____ 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 _____

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