



2017 Summer Camp Registration

Child's Information

Date of Application: _____ How did you hear about us? _____

Child's Name (first & last name)

Nickname

Date of Birth

Current School

Gender (M or F)

Age

Grade (2017-2018 School Year)

Please check all weeks you plan to attend:

- Week 1- Capes and Tiara (May 30- June 2)
- Week 2- Let's Go, H2O (June 5 - 9)
- Week 3- Around the World (June 12-16)
- Week 4- CSI: Little Investigators (June 19-23)
- Week 5 Einsteins' Workshop (June 26- June 30)
- Week 6- Happy Merry Hallobration de July (July 3-7)
- Week 7- AnimaZoo! (July 10-14)
- Week 8- Game Show Mania (July 17-21)
- Week 9- Ballin' Around (July 24-28)
- Week 10- What's Cookin' Good Lookin' (July 31-Aug 4)
- Week 11- Blooming Einsteins Has Talent (Aug 7-11)



Emergency Contact Information

Please list at least one other person to be contacted in case of an emergency other than the child's parents/guardians.

First and Last Name

Relationship to Child

Address (street # & name)

City, State, Zip

Cell Phone

Place of Work and Phone

Family Information

Primary/Guardian (first & last name)

Secondary/Guardian (first & last name)

Address (street # & name)

Address (if different from primary)

City, State, Zip

City, State, Zip (if different from primary)

Cell Phone

Cell Phone

Place of Work and Phone

Place of Work and Phone

Email

Email

Pick Up List

Please list any other people that are allowed to pick up your child from Blooming Einsteins. Identification and prior notification are required.

First and Last Name

Relationship to Child

First and Last Name

Relationship to Child

Health & Medical Information

Physician's Name

Physician's Phone Number

Please list all known allergies

Please list all known medical conditions

Please detail below any additional information that staff needs to be aware of for the well-being of your child.

Agreement of Participation

I verify that my child is in good mental and physical health, and may participate in the Blooming Einsteins Summer Camp Program. I also verify that my child's immunization shots are up-to-date. I give permission to authorize emergency care to my child in the event that neither the first or second guardians can be contacted. I prefer my child be transported to _____ Hospital, in the case of an emergency.

Signature of Parent/Guardian

Date

Printed Name

Insurance Coverage

Insurance coverage is a requirement to participate in any Blooming Einsteins Program. I, the undersigned, Parent or Legal Guardian of the registered participant, certify that the named participant is covered by an insurance program with _____ Company, which will compensate for injuries incurred while participating in Blooming Einsteins After School activities.

Signature of Parent/Guardian

Date

Printed Name

Permissions

Blooming Einsteins provides as many fun and enriching activities as possible. This may include field trips to various destinations around the Fort Mill, SC – Charlotte, NC areas. Blooming Einsteins will arrange all transportation to and from each field trip and prior notice will go out to all parents. Please initial each item below:

_____ I hereby give my child permission to participate in all activities of the program, including field trips.

_____ I give my child permission to leave the program site for trips in a school activity bus or other transportation to off-site locations and enrichment programs.

_____ I give my child permission to walk to points of interest in close proximity to the program site under Blooming Einsteins supervision.

_____ I give permission to have my child appear in any Blooming Einsteins coverage or brochures.