

# Spring Break Camp Registration Form

## Enrollment Information

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

## Emergency Contacts

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone#: \_\_\_\_\_ Allowed to Pick up.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone#: \_\_\_\_\_ Allowed to Pick up.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone#: \_\_\_\_\_ Allowed to Pick up.

Does your child have any allergies?    NO    YES

If so please list: \_\_\_\_\_

## Medical Emergency Treatment Consent Form

I, \_\_\_\_\_ (name of parent), give permission for Sunshine Early Learning Center to provide all necessary emergency medical, dental or other care for \_\_\_\_\_ (name of child). This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of my dependent. The provider is required to try to contact me, the other parent or legal guardian at one of the above telephone numbers. At no time will the provider attempt to drive the sick or injured child to an emergency medical facility. The nearest hospital is Milwaukie Providence.

My preferred hospital is: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent/Guardian Authorization

**Please list any restrictions to permission of the following:**

- My child may be taken on field trips or excursions by bus or private motor vehicle.
- My child may be taken on neighborhood walking excursions.
- My child may participate in water activities under required supervision.
- My child may be photographed for all (onsite, social media, Brightwheel, website and for advertising purposes for Sunshine ELCC.)

**Or my child may only be photographed for: (Please check any that apply)**

- On-site posted at center  Brightwheel  Facebook  Website
- My child may be given non-prescribed medication as indicated on the container. This may include sunscreen, children's pain reliever, antibacterial first aid cream, and diapering ointment. The child's parent or guardian will be contacted prior to administering nonprescription medications. Prescription medications must be current, and a permission slip is required per each medication. In an emergency, the childcare facility has my permission to call an ambulance or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.

**Please check one box below:**

- Enrolled Students:           **Charges will be added to March tuition.**
- Unenrolled students:       **Charges must be paid by the Friday before camp.**

**Charges:**

- Enrolled Students ((Regular scheduled days):

**Extended Day:           \$70 per day**

**Full Day:                 \$60 per day**

- Unenrolled students (Also enrolled students for non-regular scheduled days)

**Extended Day:           \$85 per day**

**Full Day:                 \$75 per day**

Day	Attend: Yes/No	Full Day/Extended Day:
Monday, March 27th		
Tuesday, March 28th		
Wednesday, March 29th		
Thursday, March 30th		
Friday, March 31st		

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_