

Summer Camp 2019 Registration Form

Enrollment Information

Contact Information

Name of Child: _____ Birth Date: _____

Primary Contact Parent/Guardian: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Cell Phone#: _____

Employer: _____ Work Phone#: _____ Ext: _____

Secondary Contact Parent/Guardian: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Cell Phone#: _____

Employer: _____ Work Phone#: _____ Ext: _____

Emergency Contact (Person other than parent or guardian that is authorized to pick up child)

1. Name: _____ Relationship: _____ Phone#: _____

2. Name: _____ Relationship: _____ Phone#: _____

3. Name: _____ Relationship: _____ Phone#: _____

Medical/Dental Information

Insurance Provider & Policy Number: _____

Primary Physician: _____ Phone: _____

Dental Provider: _____ Phone: _____

Does your child have any allergies? Yes No

List all allergies or other health problems (including instructions for providing best possible care regarding stated conditions. Do any of the medical conditions restrict the child's activities?)

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, as well as on neighborhood walking excursions under required supervision.
- My child may participate in swimming or other water activities under required supervision (OCC requires approved lifeguard).
- My child may be photographed for Posted at Sunshine KidReports Facebook Website
- My child may be given non-prescribed medication as indicated on the container. This may include sunscreen, children’s pain reliever and antibacterial first aid cream. The child’s parent or guardian will be contacted prior to administering non-prescription medication. Prescription medications must be current and a permission slip is required per each medication. In an emergency, the child care 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

- I will pay my tuition weekly the Friday before camp starts.**
- I will pay monthly the Friday before the first day of the month.**

Weekly Theme	Camp Week	Mark an X next to weeks your child will attend.
Summer Kick Off	1.) June 18 th -June 21 st	
Magic & Magicians	2.) June 24 th – June 28 th	
Stars and Stripes	3.) July 1 st -July 3 rd	
Wild, Wild, West	4.) July 8 th -July 12 th	
Animal Adventure	5.) July 15 th -July 19 th	
Sports	6.) July 22 nd - July 26 th	
Making Music	7.) July 29 th - August 2 nd	
Under Water Exploration	8.) August 5 th -August 9 th	
Light, Camera, Action	9.) August 12 th -August 16 th	
Wilderness 101	10.) August 19 th – August 23 rd	
End of Summer Blast	11.) August 26 th -August 30 th	
	Total Number of Weeks	
	Paying Monthly or Weekly	
	Days per Week	
	Total Cost	

Parent/Guardian Signature: _____ Date: _____

Provider Signature: _____ Date: _____