

Larisa's Mini Scholars Preschool

Summer Camp Enrollment Forms

Must be completely filled out before your child's summer camp space is reserved.

Child's Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Tuition Rate: **\$200** Camp Selected: _____

Mother/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Father/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Emergency Contact #1

Name: _____

Relationship: _____

Phone Number: _____

Emergency Contact #2

Name: _____

Relationship: _____

Phone Number: _____

Alternate Pick Up #1

Name: _____

Relationship: _____

Phone Number: _____

Alternate Pick Up #1

Name: _____

Relationship: _____

Phone Number: _____

Alternate Pick Up #3

Name: _____

Relationship: _____

Phone Number: _____

Alternate Pick Up #4

Name: _____

Relationship: _____

Phone Number: _____

Health Information

Physician's Name: _____ Phone: _____

Physician's Address: _____

Allergies/Medical Conditions: _____

Dentist: _____ Phone: _____

Additional Information

Payment Responsibility

Please outline below whom is responsible for payment of tuition and fees. If there is a parenting plan in place that requires each parent to pay a certain amount or percentage of camp costs, I need a copy of the part of the parenting plan that specifies this so I can assure it is followed correctly!

Permission To Take Photos

I, _____ give my preschool provider Larisarae Sitzes permission to take and use still photographs or videos of my child _____ in the following ways:

(Please initial the column you select)

Photo Authorization	Grant Permission	Decline Permission
Preschool Provider's Photo Book		
Craft Projects		
Share With Current Clients (newsletters, bulletin boards, etc)		
Online: Facility's Business Website		
Online: Facility's Business Facebook Page		

_____ I understand that it's my responsibility to update this form if I wish to retract permission in any category listed above.

_____ I understand that permission is given for the entire period of my child's enrollment unless I update the form.

Parent Signature: _____ Date _____

Provider's Signature: _____ Date _____

Permission To Administer Sunscreen

Please select one option from the following!

I, _____ give my preschool provider Larisarae Sitzes
Permission to apply preschool provided sunscreen to my child before going
outside for recess on any sunny days. (OR to apply if parents forget to apply at
home before arriving at preschool)

I, _____ give my preschool provider Larisarae Sitzes
Permission to apply **parent provided** (please label bottle) sunscreen to my child
before going outside for recess on any sunny days.

I, _____ will be applying sunscreen to my child before
school on any sunny days so that application is not needed at school.

If Larisa's Mini Scholars Preschool is providing sunscreen for your child, please
circle your sunscreen choice below.



Parent Signature: _____ Date: _____

Provider's Signature: _____ Date: _____

ABSENT PARENT PERMISSION FOR EMERGENCY MEDICAL CARE

In the event that my child _____ may require medical care when I am unable to be reached, I hereby authorize evaluation and treatment as deemed necessary by the _____ hospital.

Child's Name: _____ DOB: _____

Allergies: _____

Present Medications: _____

Medical History: _____

Surgical History: _____

Family Physician: _____ Phone: _____

Medical Insurance Co: _____

Person(s) able to provide authorizing signature when parent(s) are unable to be reached:

- Larisarae Sitzes, Owner of Larisa's Mini Scholars Preschool
- (Emergency Contact): _____
- (Emergency Contact): _____

Date of permission signature: _____

Parent's Signature: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ Work Phone: _____

Mom's Cell: _____ Dad's Cell: _____

AUTHORIZATION IS TO BE LEFT WITH THE RESPONSIBLE ADULT AND PRESENTED TO THE HOSPITAL STAFF AT THE TIME EMERGENCY MEDICAL AND/OR SURGICAL CARE IS REQUIRED

Acknowledgement of Forms Submitted

I hereby agree to promptly notify the preschool provider of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated.

I have read, understand and agree to comply with the policy and procedures and information for parents given to me by Larisa's Mini Scholars Preschool in the parent handbook.

Parent Signature _____ Date _____

BOTTOM PORTION IS TO BE FILLED OUT BY PRESCHOOL STAFF ONLY!!

Days and times my child will be in preschool:					
	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					

Monthly Tuition Rate: \$	Source of payment: (check one) <input type="radio"/> Parent <input type="radio"/> Other
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