



# 2019 Summer Program Registration Form

For office use:

Payment: \_\_\_\_\_

Date: \_\_\_\_\_

Program: camp1 camp2

school 3-4.5 school 4.5-6

**Child's Information** \*please fill out one form per child enrolled\*

Child: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Address: \_\_\_\_\_ Gender: Male or Female

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

Preferred Phone: ( ) \_\_\_\_\_ Preferred Email: \_\_\_\_\_

|  | DAYS  | TIMES      | AGES  | COST                 | "X" below |
|--|---|------------|---|----------------------|-----------|
| <b>ART CAMP</b>                            | Monday-Thursday<br>June 3-6   | 9:00-11:30 | 3-6 years old (kids that have completed kinder welcome) | \$80                 |           |
| <b>SENSORY/<br/>SCIENCE CAMP</b>           | Monday-Thursday<br>June 10-13   | 9:00-11:30 | 3-6 years old (kids that have completed kinder welcome) | \$80                 |           |
| <b>SUMMER<br/>SCHOOL</b><br>6 week session | Mondays & Wednesdays<br>June 24-July 31   | 9:00-11:30 | 3-4 ½ years old   | \$235                |           |
|  | Mondays & Wednesdays<br>June 25-July 31   | 9:00-11:30 | 4 ½-6 years old (kids that completed kinder welcome)    | \$235                |           |
|  | ~Summer programs are pre-paid only. No refunds. Checks can be written to White Oak Academy. |            |   | <b>TOTAL<br/>DUE</b> |           |

## FAMILY INFORMATION

Mother's Name: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

## GENERAL INFORMATION

How did you hear about our preschool? \_\_\_\_\_

Does your child attended preschool or daycare? If so, where? \_\_\_\_\_

Primary language spoken at home? \_\_\_\_\_

Does your child get special services such as speech, OT, etc.? \_\_\_\_\_

#### MEDICAL INFORMATION

Child's Physician: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

List any allergies including food allergies: \_\_\_\_\_

Please list any other medical concerns or information about your child: \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION

In case of emergency, list one person to call (if mother/father cannot be reached):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

#### RELEASE INFORMATION

The following adults have my permission to pick up my child from preschool (other than parents). We will only release your child to persons for whom you have given your **WRITTEN** permission. ***A phone call will not be enough (for safety issues).***

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

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

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

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

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

\_\_\_\_ **Authorization to seek emergency treatment.** In the event of a serious accident or illness befalls your child, White Oak will make every attempt to contact you and comply with your directions. If you and your emergency contacts cannot be reached, you give permission to transport your child to a local hospital for treatment by an on-duty emergency room physician. Please initial to above to give permission for the staff of White Oak to seek medical treatment in case of emergency.

\_\_\_\_ Please initial at the left if you give your permission for your child to be photographed/videotaped for purposes of bulletin board displays, preschool programs, marketing materials, Facebook page or on website. I understand that none of these pictures will be labeled with my child's full name.

**Payment is due upon registration. Checks should be payable to White Oak Children's Academy. All returned checks are subject to a \$25 return check fee. Sessions are to be pre-paid. Space is limited. Payments are non-refundable.**

**I HAVE READ AND UNDERSTAND ALL OF THE ABOVE CHARGES AND PAPERWORK REQUIREMENTS:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_