

ATTN: LORI SMITHER OR KIM BALLANTYNE

GOOD SHEPHERD PRESCHOOL SUMMER CAMP

REGISTRATION FORM \$140 A WEEK AND REGISTRATION FEE OF \$30 PER CHILD

****TO PARTICIPATE IN OUR PROGRAM, CHILDREN MUST BE AGE 3-5 AND POTTY-TRAINED****

Child's Name: _____ Age: _____

DOB: _____ Child's Social Security No.: _____

Address: _____

Home Telephone: (_____) Child lives with: Both Parents Mother Father

Guardian(s):

Mother/Guardian: _____ Mother Employer: _____ Mother Work No. _____

Father/Guardian: _____ Father Employer: _____ Father Work No. _____

Mother Home No. _____ Cell: _____ Mom Email: _____

Father Home No. _____ Cell: _____ Dad Email: _____

List people authorized to pick up your child: _____

Emergency Contacts:

✚ Name: _____ Relationship: _____

Wk# _____ Home # _____ Cell # _____

✚ Name: _____ Relationship: _____

Wk# _____ Home # _____ Cell # _____

Is your child currently on any medication? If yes, please list medication(s), give dosage and explain usage of the drug: _____

All medication MUST be in the original container or it cannot be administered.

List any allergies: _____

What time do you expect to drop off in the morning? _____ in the afternoon? _____

This is a Full-Time program. If your child will not be attending at any time during the summer due to a vacation please indicate the week below. We do require payment even if your child does not attend due to financial commitments in our program for the children.

If you find out at a later time about a vacation please give us written notification in advance so we can arrange for staffing changes.

Parent/Guardian Signature

Date