

# A Child's Place Summer Camp

2-4 year olds

Please indicate which sessions you are registering for:

	<b>Latin Culture:</b> Monday June 18- Thursday June 21, 2012 9 a.m. – 12 p.m.	\$75
	<b>Jazz Kitchen:</b> Monday July 16- Thursday July 19, 2012 9 a.m. – 12 p.m.	\$75

Child's Name \_\_\_\_\_

Male  Female

Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

Parent/ Guardian \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Parent/ Guardian \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

## Release Authorization

I hereby authorize A Child's Place to allow my child to leave A Child's Place with the following persons:

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

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

(Under no circumstance will your child be allowed to leave with anyone without authorization from parents or guardian)

## Emergency Contact

Name of local person to call in case of emergency if parents cannot be reached:

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

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

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

**Authorization of Emergency Medical Attention**

If I cannot be reached to arrange emergency medical attention at the time of illness or accident, I hereby authorize the A Child's Place staff to take my child to the nearest hospital. I give consent for necessary emergency treatment when my child is in the care of this hospital and/or physician.

Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Name of Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

**Permission to Participate**

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities at camp.

I hereby grant permission for my child to be included in camp photographs for camp publications.

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

**SPECIAL INSTRUCTIONS/ ALLERGIES/ LONG-TERM CONTINUOUS**

**MEDICATIONS:** My child has these special problems or needs: (include any allergy, existing illness, previous serious illness, hospitalization in the last 12 months, and any medication prescribed for long-term, continuous use.)

(Please specify N/A if none)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

	Check Number	Cash
Payment for Latin Culture		
Payment for Jazz Kitchen		

# A Child's Place Summer Camp

5-10 year olds

Please indicate which sessions you are registering for:

	<b>Spanish Session 1:</b> Monday June 18- Thursday June 21, 2012 9 a.m. – 12 p.m.	\$100
	<b>Spanish Session 2:</b> Monday July 16- Thursday July 19, 2012 9 a.m. – 12 p.m.	\$100
	<b>Music Session 2:</b> Monday July 16- Thursday July 19, 2012 12:30p.m. - 3:30 p.m.	\$75

Child's Name \_\_\_\_\_

Male  Female

Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

Parent/ Guardian \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Parent/ Guardian \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

## Release Authorization

I hereby authorize A Child's Place to allow my child to leave A Child's Place with the following persons:

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

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

(Under no circumstance will your child be allowed to leave with anyone without authorization from parents or guardian)

## Emergency Contact

Name of local person to call in case of emergency if parents cannot be reached:

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

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

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

**Authorization of Emergency Medical Attention**

If I cannot be reached to arrange emergency medical attention at the time of illness or accident, I hereby authorize the A Child's Place staff to take my child to the nearest hospital. I give consent for necessary emergency treatment when my child is in the care of this hospital and/or physician.

Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Name of Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

**Permission to Participate**

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities at camp.

I hereby grant permission for my child to be included in camp photographs for camp publications.

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

**SPECIAL INSTRUCTIONS/ ALLERGIES/ LONG-TERM CONTINUOUS**

**MEDICATIONS:** My child has these special problems or needs: (include any allergy, existing illness, previous serious illness, hospitalization in the last 12 months, and any medication prescribed for long-term, continuous use.)

(Please specify N/A if none)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

	Check Number	Cash
Payment for Spanish Session 1		
Payment for Spanish Session 2		
Payment for Music Session 2		