



SUMMER CAMPS

Child Registration

I am registering my child _____
 for the following Summer Camps:

2s & 3s
9:15-11:30
am

3s*, 4s
& 5s
1:00-4:00
pm

July 4 – 8th , 2011 – It’s a Bugs Life

July 11 -15th , 2011 – Fun in the Sun

August 8 – 12th , 2011 – Beach Days

August 15 -19th , 2011 - Camping

* 3 year olds attending the afternoon camps must be 3 by June 1st 2011.
 Each Camp costs \$85.00 per child.

Please note that your child is NOT considered registered until the payment has been received. To ensure registration, please attach a cheque with the registration form. After April 30th there will be no refunds issued.

Child's Information

Child's Name _____

Home Phone _____

Home Address _____
(Street Address) (Postal Code)

Date of Birth _____

Gender Female Male Alumni Family Yes No

Parent's Information

Mother's Name _____

Mother's Home Phone _____

Mother's Work Phone _____

Mother's Cell Phone _____

Mother's Address _____

Mother's Occupation _____

Father's Name _____

Father's Home Phone _____

Father's Work Phone _____

Father's Cell Phone _____

Father's Address _____

Father's Occupation _____

Please provide an email address that is checked often as all Springhill correspondence and news will be sent via email.

Email Address _____

Health Information

Does your child have any allergies or dietary restrictions?

YES

NO

If yes, please list and explain any reactions:

Does your child have any disability, disease, medical condition or other issue that you feel we should know about?

YES

NO

If yes, please explain:

Is your child taking any ongoing medication?

YES

NO

If yes, please list:

Are your child's immunizations up to date?

YES

NO

Siblings' Information

First Sibling's Name _____

Date of Birth _____

Second Sibling's Name _____

Date of Birth _____

Emergency Contacts – Please provide information for TWO people (*with different contact information*) who can be contacted in the event that there is an emergency and the parents cannot be reached. These people must live within the Greater Edmonton area.

Emergency Contact #1

Name _____

Home Address _____

Home Phone _____

Cell Phone _____

Work Phone _____

Relationship to your child _____

Emergency Contact #2

Name _____

Home Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

Relationship to your child _____

Release of child

Is there any person to whom your child **MUST NOT** be released?

YES

NO

If yes, please explain:

Please provide a photo of this person.

Authorizations

Emergency Permission

In case of emergency, I grant permission to the teaching staff to take whatever steps may be deemed necessary to administer emergency first aid and/or obtain medical care for my child, _____. I agree to cover the cost of an ambulance if one is deemed to be required.

Date

Signature of Parent/Guardian

Use of School Facility Permission

I grant permission for my child, _____, to leave the Springhill Community Preschool classrooms under the supervision of the teaching staff and within the Queen Alexandra School grounds and facilities.

Date

Signature of Parent/Guardian

Photo Consent

I grant permission for the teaching staff to take photos of my child, _____, and post those photos in the classrooms of Springhill Community Preschool.

Date

Signature of Parent/Guardian