

Small Miracles Summer Camp 2020 Registration Form

Child's Name _____ Birthdate _____

Please *circle* the program(s) you would like your child to attend:

Session One: "In The Jungle, The Mighty Jungle"

Monday, June 8th–Friday, June 12th from 9:00-11:30

Session Two: "Under the Sea"

Monday, July 6th- Friday, July 10th from 9:00-11:30

Cost: \$125 Per Session

Refund Policy - Half of your fee will be refunded if your registration is cancelled 3 weeks prior to the first day of the program. NO refund will be given after that time.

Parent(s) / Legal Guardian(s) _____

Address _____

Email Address _____

Home Phone # _____

Cell Phone # _____

Transportation Authorization

Please list the people who are authorized to pick up your child from camp, other than parents / legal guardians. You **MUST** notify your child's teacher / office if a special pick-up is necessary. Authorized persons may be asked to show ID for verification.

Name _____ **Name** _____

Phone # _____ **Phone #** _____

Relationship To Child _____ **Relationship To Child** _____

Medical Information

Does your child have any allergies? YES or NO

If yes, please list: _____

Does your child have any dietary restrictions? YES or NO

If yes, please list: _____

Does your child have any medical conditions / limitations? YES or NO

If yes, please list: _____

Is your child on any medications? YES or NO

If yes, please list: _____

Emergency Care Authorization

In the event of a minor accident (cuts, bruises, etc), the Small Miracles Summer Camp Director, or other personnel designated by the Director, will administer first aid. In the event of a more serious accident or illness, which requires immediate treatment, the Small Miracles Summer Camp Director, or other personnel designated by the Director, will contact the Fire Department Paramedics for help, as well as the child's parent(s)/legal guardian(s). If the child's parent(s) / legal guardian(s) are unable to be reached, we will immediately call the other person who is listed below for an emergency contact. In the event that professional medical treatment / transportation is necessary, payment for any related expenses would be the responsibility of the parent / guardian.

Emergency Contact

Please list the people who are authorized to pick up your child, and can do so within 20 minutes, if we are unable to reach a parent / legal guardian.

Name _____

Phone # _____

Relationship to Child _____

Parent / Legal Guardian Signature

The information on this form is accurate to the best of my knowledge.

Parent / Legal Guardian _____ **Date** _____