

SUMMER CAMP

Enrollment Form

Children ages 6-12 years old

Child's Information

Date of Application _____ Date Child Will Begin Attending _____

Child's Full Name _____ Name Usually Called _____

Sex _____ Age _____ Birth Date _____

Child's Home Address _____ City _____ Zip _____

Home Telephone Number _____

Emergency Contact: Name _____ Number _____

Please choose the days that your child will attend this summer. Minimum enrollment is 2 full days per week.

	WEEK OF:	Monday	Tuesday	Wednesday	Thursday	Friday
1	June 20 ~ June 24					
2	June 27 ~ July 1					
3	July 4 ~ July 8	CLOSED				
4	July 11 ~ July 15					
5	July 18 ~ July 22					
6	July 25 ~ July 29					
7	August 1 ~ August 5					
8	August 8 ~ August 12					
9	August 15 ~ August 19					
10	August 22 ~ August 26					
11	August 29 ~ Sept.2					

Field Trip Permission Slip

I, _____ give permission for my child _____ to

Parent/ Guardian

Child's Name

attend field trips with The Beginners Inn Child Care and Learning Center. I understand my child will be walking or transported by The Beginners Inn Child Care and Learning Center buses. I have received and reviewed the field trips that my child will be attending. I understand that during field trips my child will be supervised by The Beginners Inn Child Care and Learning Center staff.

Parent Signature

Date

Parent/ Guardian Information

Child's Primary Caregiver(s) is/ are:

Single Married Separated Divorced Widowed Grandparents

Please list the primary adult(s) that reside in the home with the child.

1. Name _____ Relationship to child _____
Employer _____ Work Telephone Number _____
Work Schedule- Days _____ Hours _____

Please list the best phone number where this person can be reached while the child is in our care.

2. Name _____ Relationship to child _____
Employer _____ Work Telephone Number _____
Work Schedule- Days _____ Hours _____

Please list the best phone number where this person can be reached while the child is in our care.

Please list any other family members and their ages that reside with the child.

Child's Information

Does your child have any allergies to foods, medications or dietary restrictions that would affect them while they are in our care? **NO YES**

Please list the allergy, medications taken for it and any side effects or reactions to watch for. Or, please list your child's dietary restrictions.

Besides the listed above, does your child currently take any medications or supplements that we should be aware of? **NO YES**

Please list the medication(s) or supplement(s) and any side effects or reactions that we should watch for.

Is there any additional information about your child or family that you feel Beginners Inn should be aware of?

Additional Information

Has your child previously been in a Summer Camp? **NO YES** Where at? _____

What prompted you to choose Beginners Inn? _____

How did you learn about Beginners Inn? _____

What goals do you have for your child during their enrollment with Beginners Inn?
