

St. Mark Preschool Summer Day Camp Registration 2020

Name _____ Birth Date: ___/___/___

Age as of June 1 _____ Attending Sessions in—June July (circle one or both)

My child is... Potty Trained, Working On It, In Diapers (circle answer)

PARENT/GUARDIAN INFORMATION

Mother: _____ Phone: _____ or _____
Address: _____
City: _____ State: _____ Zip Code: _____
Employer: _____ Email: _____

Father: _____ Phone: _____ or _____
Address: _____
City: _____ State: _____ Zip Code: _____
Employer _____ Email: _____

Child Lives With _____

CHILD PICK-UP INFORMATION

Please list below the people who have permission to pick up your child. Anyone picking up your child must have picture ID.

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

EMERGENCY CONTACTS

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

EMERGENCY INFORMATION

1. Child's Physician: _____ Phone: _____
2. Preferred Hospital: _____ Phone: _____
3. Insurance Company: _____ Policy #: _____
4. Regular Medications: _____
5. Any special health conditions: _____

Should my child become ill or suffer an accident in the care of St. Mark Preschool, and I cannot be reached I hereby authorize the Preschool to secure emergency medical attention for my child if it becomes necessary.

Sign _____ Date _____

I understand that this program is not a licenced child care facility. I also understand that this program is not required to be licenced by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Sign _____ Date _____

How did you hear about us? _____

I received a copy of the Preschool Financial Policy. I have read and agree to everything outlined in the policy.

Sign _____ Date _____

Photos of my child may be posted on the Preschool's Facebook Page.

Sign _____ Date _____