



# A Child's Garden Summer in the Garden 2017

\$75 Non-refundable Registration Fee

Office use only

Application Fee \_\_\_\_\_

Date Received \_\_\_\_\_

Start Date: June 5, 2017

End Date: July 21, 2017

Child's Name \_\_\_\_\_ Prefers to be called \_\_\_\_\_

Child's Birth Date \_\_\_\_\_ Child's Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Name/Phone # \_\_\_\_\_

Name/Cell # \_\_\_\_\_

Name/Phone# \_\_\_\_\_

Siblings (ages) \_\_\_\_\_

Schedule: 7 Week Program: June 5-July 21 (**July 4 Holiday-CLOSED**)

**Infants - Pre-k:**

5 Day \_\_\_\_\_ 3 Day M,W,F \_\_\_\_\_ 2 Day T,Th \_\_\_\_\_

9:00-1:00 \_\_\_\_\_

9:00-3:00 \_\_\_\_\_

7:30-5:30 \_\_\_\_\_

**Interim care available for an extra charge July 24-28**

\_\_\_\_ Please sign my child up for the FPC summer choir camp (must be 4 years old) July 24-28 9am-12pm

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

Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

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

Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Person(s) Responsible for Tuition:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

My child can be released to (Name & Phone #):

\_\_\_\_\_ Ph# \_\_\_\_\_

\_\_\_\_\_ Ph# \_\_\_\_\_

\_\_\_\_\_ Ph# \_\_\_\_\_

\_\_\_\_\_ Ph# \_\_\_\_\_

I give permission for emergency medical transportation and treatment:

Signed \_\_\_\_\_

Preferred Medical Facility \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies \_\_\_\_\_

Medical or other conditions of which the school should be aware \_\_\_\_\_

Medication \_\_\_\_\_

Emergency Contacts (other than parents):

1<sup>st</sup> Contact: Name \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

2<sup>nd</sup> Contact: Name \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

I \_\_\_\_\_ verify that all above information is correct and will notify the office promptly if it changes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date