

## ST. PATRICK PRESCHOOL SUMMER CAMP REGISTRATION FORM 2018

Child's Legal Name \_\_\_\_\_  
Last
First
Middle

Date of Birth \_\_\_\_\_  
Month
Day
Year

Do you want your child on the HOT LUNCH program? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Lunch must be ordered one week in advance

Pick Up Time: 8:30am to 12:00pm \_\_\_\_\_ 8:30am to 4:00pm \_\_\_\_\_ 8:30am to 6:00pm \_\_\_\_\_

Check Weeks your child will attend:

- 1) \_\_\_\_\_ JUNE 11 – 15
- 2) \_\_\_\_\_ JUNE 18 – 22
- 3) \_\_\_\_\_ JUNE 25 – JUNE 29
- 4) \_\_\_\_\_ JULY 2 – JULY 6 (CLOSED WEDNESDAY JULY 4)
- 5) \_\_\_\_\_ JULY 9 – 13
- 6) \_\_\_\_\_ JULY 16 – 20

For Office Use Only					
Date Received:	_____				
Prepaid:	_____				
Group:	1	2	3	4	5
FCI DH 680:	_____				
CHEDH 3040:	_____				
CF/PI 174-24	_____				
Discipline	_____				
Policy:	_____				

**ALL FEES ARE DUE AT TIME OF REGISTRATION. FEES ARE NON- REFUNDABLE. FEES ARE DUE BY MAY 16 TO GUARANTEE SPACE FOR YOUR CHILD.**

Daily late pick up fee of \$20.00 will be charged after 12:15pm. and 4:15pm. \$10.00 for every 15 minutes after 6:00 pm or portion thereof. Fees include craft supplies, snacks, and Friday Special Events. No field trips, we bring the fun to camp. There will be a \$25.00 Penalty fee for all returned checks. Payments can be made by check (St. Patrick Preschool) cash, visa or master card, Credit card payments will be subject to a 3% service charge. **NO REFUND FOR UNUSED WEEKS**

FAMILY INFORMATION: Child Lives With: \_\_\_\_\_

Mother's Name:	Father's Name:
Social Security #:	Social Security #:
Address:	Address:
Home Phone:	Home Phone:
Employer:	Employer:
Address:	Address:
Work Phone:	Work Phone:
Cell:	Cell:
Email:	Email:

MEDICAL INFORMATION:

I hereby grant permission for the staff of this facility to contact the following medical personal to obtain medical care if warranted.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please list allergies, special medical or dietary needs, or other areas of concern:  
\_\_\_\_\_

Emergency Contacts: Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name	Relation
Address	Phone
Employment	Phone

Name	Relation
Address	Phone
Employment	Phone

Name	Relation
Address	Phone
Employment	Phone

Helpful Information about child: (Ex: Potty trained? Attended school before?)  
\_\_\_\_\_

Rule 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) be submitted upon enrollment.

Section 402.3125(5), F.S. requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Childs Care Center" (CF/PI 175-24).

Section 65C-22.006(3)(c)2.,F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

I give permission for my child to use other areas of St. Patrick facilities such as the Auditorium, Gym, Field, Barry Hall, Patrician Room or Church. Teaching staff will be with the child at all times.

By signing below, you verify that you have received the above items, you agree to follow the general policies of the Center, you agree to the terms of the tuition payment, and that all information on this enrollment form is complete and accurate.

Patent's Signature \_\_\_\_\_ Date: \_\_\_\_\_