

ST. PATRICK PRESCHOOL SUMMER CAMP REGISTRATION FORM 2019

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 10 to JUNE 14
- 2) _____ JUNE 17 TO JUNE 21
- 3) _____ JUNE 24 TO JUNE 28
- 4) _____ JULY 1 TO JULY 5 (CLOSED 7/4)
- 5) _____ JULY 8 TO JULY 12
- 6) _____ JULY 15 TO JULY 19

For Office Use Only				
Date Received:	_____			
Prepaid:	_____			
Group:	1	2	3	4
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 MARCH 29 TO GUARANTEE SPACE FOR YOUR CHILD. SPACES WILL BE OPEN TO THE COMMUNITY APRIL 1ST

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: _____