



Child's Legal Last Name	Child's First Name	Date of Birth	M F Gender
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Home Street Address	City	State	Zip
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Allergies/Medical Conditions

Parent/Legal Guardian's Full Name		
Home Phone	Work Phone	
Street Address (If different from Student's)		
City	State	Zip Code
E-mail	Cell Phone	
Please mark your cell phone carrier:		
<input type="checkbox"/> AT&T	<input type="checkbox"/> Verizon	<input type="checkbox"/> Sprint
<input type="checkbox"/> TMobile	<input type="checkbox"/> Bell Mobile	<input type="checkbox"/> Cellular 1
<input type="text"/> Other (Please Specify)		

Parent/Legal Guardian's Full Name		
Home Phone	Work Phone	
Street Address (If different from Student's)		
City	State	Zip Code
E-mail	Cell Phone	
Please mark your cell phone carrier:		
<input type="checkbox"/> AT&T	<input type="checkbox"/> Verizon	<input type="checkbox"/> Sprint
<input type="checkbox"/> TMobile	<input type="checkbox"/> Bell Mobile	<input type="checkbox"/> Cellular 1
<input type="text"/> Other (Please Specify)		

Summer Camp 2020 Camp Options

Session 1 6/22-6/26
Construction Camp
 Camp Only _____
 Full Day _____
 Before Care _____

Session 4 7/13-7/17
World Travel
 Camp Only _____
 Full Day _____
 Before Care _____

Session 6 7/27-7/31
Nature & Gardening
 Camp Only _____
 Full Day _____
 Before Care _____

Session 2 6/29-7/3
Robin Hood Adventures
 Camp Only _____
 Full Day _____
 Before Care _____

Session 5 7/20-7/24
Sports Camp
 Camp Only _____
 Full Day _____
 Before Care _____

Session 7 8/3-8/7
Secret Spy School
 Camp Only _____
 Full Day _____
 Before Care _____

Session 3 7/6-7/10
Camp Out
 Camp Only _____
 Full Day _____
 Before Care _____

Session 5 7/20-7/24
Princess Adventures
 Camp Only _____
 Full Day _____
 Before Care _____

Session 8 8/10-8/14
Jurassic Fun
 Camp Only _____
 Full Day _____
 Before Care _____

⇒ **Please clearly mark an option for each session you are registering your child in.**

⇒ **Non- Refundable Registration/Supply Fee is \$15 Per Child Per Camp.**



Emergency Contact Information

Persons to be contacted in case of illness, accident or emergency and authorized to pick-up my child from school if parents are unreachable. (Minimum of 2 required)

1st Contact's Name	Home Phone	Cell Phone	Work Phone
1st Contact's Street Address	City	State & Zip	Relationship to Child
2nd Contact's Name	Home Phone	Cell Phone	Work Phone
2nd Contact's Street Address	City	State & Zip	Relationship to Child

Please provide names of others persons you grant permission for us to release your child to.

If your child attends any other programs or schools concurrently while attending GCLC, please provide the information below.

Name of Other School	Name of Program/Grade/Class Level	Weekly Schedule
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Have you or professionals expressed concerns regarding your child's physical, cognitive or social development? If so, please explain. Please specify if your child is currently or has previously received early intervention services. Please provide a copy of any IEP your child has to help us better meet his/her individual needs. Describe any Learning Disabilities, Diagnosis, Serious Illness, Communicable Diseases, Dietary Restrictions, Medical Conditions, Surgeries, Life Changing Events or Other Information that will help us best meet your child's needs.

Physician's Name and Phone Number _____

PHOTOGRAPHY PERMISSION

From time to time photographs of your child may be taken for educational purposes. I **grant** permission for my child, to be photographed for classroom purpose and in-house activities as specified above. This permission is applicable for current, as well as, future project use. _____(initials)

PERMISSION TO SEEK EMERGENCY MEDICAL PERMISSION

In the event of an illness or accident requiring immediate care I give permission for the staff of Grace Children's Learning Center to authorize such treatment. I will not hold the center or medical personnel responsible. _____(initials)

I received a Parent Handbook and agree to abide by the policies. I agree to honor this enrollment as described.

Date	Parent/Legal Guardian's Signature
<u>2/6/2020</u>	<i>Susan Bardwell PhD</i>
Date	Director's Signature

-----**To be completed by GCLC Staff only**-----

BIRTH CERTIFICATE # _____ **ISSUE DATE** _____ **INITIAL** _____

Registration Fee Received _____ **Ck #** _____ **Date** _____