

# Primary Prep Summer Camp 2025 Registration

*Use this form for children currently in Kindergarten, 1st, 2nd or 3rd Grade*

Please check appropriate boxes and return with registration fee of \$150.

<i>Program Selection/Cost:</i>	8:00—3:00 \$1610.00 Per Session	8:00—6:00 \$1810.00 Per Session
<b>June 23—July 18</b> (Payment due June 6)	( )	( )
<b>July 21—August 15</b> (Payment due July 3)	( )	( )

***CAMPER INFORMATION:***

Child's Name \_\_\_\_\_ Gender (circle) M/F

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Current Grade \_\_\_\_\_ Curr. School \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell# \_\_\_\_\_ Work# \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell# \_\_\_\_\_ Work# \_\_\_\_\_ Email \_\_\_\_\_

**MANDATORY CAMPER PICK-UP AUTHORIZATION INFORMATION**

Please list, not including parent/guardian as shown above, who might be picking up your child at the end of their day. Until we know that person, ID will be required. It is mandatory that this form be part of your child's summer file.

NAME	RELATIONSHIP	CONTACT #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**MANDATORY HEALTH INFORMATION**

Does your child have any physical, medical or emotional problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, please call prior to registering.**

Does your child take any medications on a daily basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list medications:

*All medications must be in the prescription bottle and a medical authorization form must be signed and on file in the school office.*

What allergies does your child have? \_\_\_\_\_

A copy of your child's immunization record is mandatory prior to the start of camp.

In the event that I cannot be reached, I hereby give permission to the camp director to secure proper treatment for my child as named on this application.

Parent/Guardian Signature: \_\_\_\_\_