



## SUMMER PROGRAM REGISTRATION 2017

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Employer Address: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_ Employer Telephone: \_\_\_\_\_

Hours at work: \_\_\_\_\_ Hours at work: \_\_\_\_\_

Email address: \_\_\_\_\_

**Please circle the days you would like, next to the session(s) in which you wish to enroll (ex: M,W,F or T,TH).\*\*\* No Summer program July 4th week\*\*\***

	Weekly Themes	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	Wild,Wild, West	6/12	6/13	6/14	6/15	6/16
Week 2	Surfs Up	6/19	6/20	6/21	6/22	6/23
Week 3	Lego Time//4th of July	6/26	6/27	6/28	6/29	6/30
Week 4	Let's Play Ball	X	7/11	7/12	7/13	X
Week 5	Mad Scientist	X	7/18	7/19	7/20	X
Week 6	Camp out	X	7/25	7/26	7/27	X
Week 7	Superheroes and Princesses	X	8/1	8/2	8/3	X

**\*To enroll, return a completed registration form and a non-refundable deposit for \$150 . Incomplete registration forms will not be accepted.**  
**ECDC Summer Program cost is \$35/day, \$63 for two siblings attending the same day.**

**Other Emergency Contacts: if parents cannot be reached, please notify:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Pick-Up Authorization**

If you would like your child picked up at school by anyone other than yourself, please complete the information below. If someone not listed is to pick up your child, the staff must receive written permission prior to releasing your child to that person.

I authorize ECDC Nursery School, Inc. to release my child \_\_\_\_\_ to:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Transportation provided by: Parent Drop off & Pick up \_\_\_\_\_ Arranged by Parent \_\_\_\_\_

**Medical Information**

**ALL children must provide a COMPLETED MEDICAL FORM BEFORE they can participate in the program and must be CURRENT ON ALL IMMUNIZATIONS. Please attach to this form.**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Plan ID: \_\_\_\_\_

**Child's Identifying Information**

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Gender: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Allergies/Special Diets: \_\_\_\_\_

**Medical Emergency Permission**

In case of a medical emergency, I give ECDC Nursery School, Inc. permission to provide basic first aid to my child \_\_\_\_\_. I understand that every reasonable effort will be made to contact me in the event of an emergency. Additionally, I hereby authorize ECDC Nursery School, Inc. to transport my child to the hospital to secure medical treatment in the event of an accident or other medical problem when basic first aid is not adequate.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administration use only:

Date: \_\_\_\_\_ Deposit paid \_\_\_\_\_ Medical Form on Filed/ Date: \_\_\_\_\_ Email \_\_\_\_\_