



2016 Spring Break Registration Form

\$35.00 Activity Fee and completed form must be turned in by 2/26/16!

Child's Full Name: _____

(First)

(Middle)

(Last)

Grade : _____

Gender: _____ Date of Birth _____

Home Address: _____

City _____ Zip _____

Home Phone: _____

Parent(s)/Guardian(s) Name _____

Mother's Information

Father's Information

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Spring Break Tuition/Fees:

2016 Spring Break Camp: \$125/week includes \$90.00 tuition and \$35.00 activity fee. We will be open Monday 3/28/2016-Friday 4/1/16 from 6:30am-6:00pm.

*The \$35.00 Activity fee must be paid by 2/26/2016 for your child to have a spot. You may pay by cash or check or we can draft it on 2/29/16 with your ASC tuition.

_____ Please draft my child's activity fee of 35.00 on 2/29/16.

_____ I will bring a check or cash for my child's 35.00 activity fee by 2/26/16.

**The \$90.00 tuition fee will also be drafted on 2/29/16 with your regular weekly tuition amount. If you would like to pay by cash or check, it must be received by Wednesday, 2/24/16 and you must let Merritt know.

Technology/Personal Item Policy:

My child, _____ has permission to bring personal toys, games, bikes, DVD's, music CD's, etc. to the school program at the North Valley ELC. I take full responsibility for the items which I allow my child to bring. I will not hold the North Valley Early Learning Center, any employees, any parent, or child responsible should items brought by my child be damaged, lost, or stolen. I will ensure that only appropriate content is accessible on my child's device and that parental controls are set.

I, _____, have read the above information and agree to assume all responsibility for my child and his/her property. I will not hold the ELC legally responsible for any injury or damage described above.

accident, illness, and/or unforeseen circumstances.

Parent or Guardian Signature/Date _____

Medical Information

Allergies _____

Please list any medications (including over the counter) that are taken regularly:

<u>Medication:</u>	<u>Dosage:</u>	<u>Frequency given:</u>	<u>Reason for use:</u>
_____	_____	_____	_____

Please list any special needs, diagnosed medical conditions, or other health concerns:

Persons IN TOWN (other than parents) to call in event of an accident or illness at school if parents cannot be reached:

Name _____ Phone # _____

Name _____ Phone # _____

Pick Up Information

The following people are authorized to pick up my child :

Name _____ Phone # _____

Name _____ Phone # _____

These authorized people will be asked to show valid picture identification at time of pick up. No person not on this list will be allowed to pick up your child.