



2022 SUMMER PROGRAM Registration Form

For Office Use Only

Non refundable
 Registration Fee _____
 Check/Cash _____
 Date Paid _ _ _____

Child's Name: _____ Date of Birth: _____
 Email: _____ Phone: _____
 Guardian Name(s): _____

T-Shirt Size 2-4 6-8 10-12 14-16 adult S adult M

PHOTO AUTHORIZATION: I give permission for my child to be photographed and used for . ____
 YES ____ NO

<p>Age Group:</p> <p><input type="checkbox"/> Toddler 18 months to 3 years old</p> <p><input type="checkbox"/> 3 years old's</p> <p><input type="checkbox"/> 4/5 years old's</p> <p><input type="checkbox"/> School Age completed K-6th grade</p>	<p><input type="checkbox"/> Summer Camp (9am – Noon)</p> <p>Daycare:</p> <p><input type="checkbox"/> ½ day (9am-3pm)</p> <p><input type="checkbox"/> Full day (6am-6pm)</p>
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Choose Your Camp Week:

For each week please circle the days you are signing your child up for. Please indicate which days you will be registering for each week.

Dates	Theme	Day Options				
June 27 th - July 1	Freedom Week	M	T	W	TH	F
July 4 th -8 th (closed MONDAY)	Creative Cooking		T	W	TH	F
July 11 th -July 15 th	Around the World	M	T	W	TH	F
July 18 th - July 22 nd	Sports Fanatics	M	T	W	TH	F
July 25 th -July 29 th	Wet and Wild Fun	M	T	W	TH	F
August 1 st - August 5 th	Mad Scientist	M	T	W	TH	F
August 8 th -August 12 th	VBS	M	T	W	TH	F
August 15 th -August 19 th	Holidays throughout the year	M	T	W	TH	F
August 22 nd -August 26 th	Lego Builders	M	T	W	TH	F
August 29 th -September 2 nd	Animals and Nature Explorers	M	T	W	TH	F

Statement of Understanding

Please note that payment is due by the first of every month. No refunds will be given for missed days due to but not limited to; a sick child, personal vacations, or school vacations. Exceptions for refunds will be made at the discretion of the Board of Directors with the advisement of the School Director. Additional activities, meals, and days require advanced permission from the School Director and payment in full before the starting date of attendance. Failure to make payments on time will result in the assessment of late fees and possible dismissal from the program. Your signature confirms your understanding of the above stated conditions and agreement to fulfill your financial obligations to Parma Kids Preschool & Child Care Center around program.

Print name: _____ **Signature:** _____ **Date**

Photo of Child (optional)	New York State Office of Children and Family Services		
	Day Care Enrollment		
	Child's Full Name:	Date Of Birth:	
	Child's Nickname:		
Child's home Address:			
Name of person Enrolling Child:		Relationship to child:	
Phone number(s) of person enrolling child: <input type="checkbox"/> ok to		Address of person enrolling child:	
Emergency contact /Addresses		Pick up?	Primary phone
Primary contact:		<input type="checkbox"/> Yes	<input type="checkbox"/> ok to text
		<input type="checkbox"/> No	<input type="checkbox"/> ok to text
Emergency contact:		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	<input type="checkbox"/> ok to text
Emergency contact:		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	<input type="checkbox"/> ok to text
<i>For program use only</i> Date of enrollment:		<i>For program use only</i> Date of disenrollment:	
Child's Full Name:			Date Of Birth:
Check boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> Early Intervention <input type="checkbox"/> Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> None <input type="checkbox"/> Allergies, please list: _____ <input type="checkbox"/> Other: _____ Please provide information here AND discuss with your child care provider: _____			
Child's Primary Care Physicians' Name/Group:			Phone number:
Preferred hospital:			Phone number:
Child's Dental Care:			Phone number:
Child health insurance information is available by calling toll free 1-800-698-4543 or the New York State Health Marketplace website: https://nystateofhealth.ny.gov/			
Agreements			
<ul style="list-style-type: none"> • I consent to emergency medical treatment for my child<input type="checkbox"/> Yes <input type="checkbox"/> No • I consent for my child to take part in neighborhood walking trips (i.e., library, park, playground, local businesses) away from the program under proper supervision <input type="checkbox"/> Yes <input type="checkbox"/> No • I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....<input type="checkbox"/> Yes <input type="checkbox"/> No • I agree to review and update this information whenever a change occurs and at least once every year..... <input type="checkbox"/> Yes <input type="checkbox"/> No 			
Signature- Parent or person legally responsible:			Date:

