



10555 Spring Cypress Road, Houston, TX 77070

Phone: 281 378 4080 Fax: 281 378 4081

### Summer Camp Enrollment Form 2020

2 years (By June 1st)—Entering 5th Grade

Please complete entire form, do not leave blanks. **PRINT CLEARLY!**

Office Use Only	
Reg. # _____	Date _____
Fees paid _____	
Check# _____	Cash _____
Paperwork: HF HS SR	

Child's Full Name Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Child's Age on June 1, 2020: \_\_\_\_\_ Gender: M / F  
 Please Circle Grade entering 2020: Babies (Mths) \_\_\_\_\_ Pre 2 Pre 3 Pre 4 K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup>  
 Child's Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Child's Home Phone Number \_\_\_\_\_ Date of Admission \_\_\_\_\_

<b>Mother's Full Name</b> _____ Mother's Home Phone Number _____ Mother's Work Phone Number _____ Mother's Cell Phone Number _____ Mother's Address _____ Mother's City, State, Zip _____ Mother's Email Address _____ Place of Employment _____	<b>Father's Full Name</b> _____ Father's Home Phone Number _____ Father's Work Phone Number _____ Father's Cell Phone Number _____ Father's Address _____ Father's City, State, Zip _____ Father's Email Address _____ Place of Employment _____
---	---

Is there a custody order on file with the State of Texas? (circle) YES NO PENDING  
*\*If circled YES, a current copy of your court order must be attached*

**Attendance Summer Camps**  
 My child will be in attendance. (9:00am—2:30PM)  
 \_\_\_ Monday/Wednesday/Friday or \_\_\_ Tuesday/Thursday or \_\_\_ Monday through Friday +++  
*+++ M-F class may be taught by more than one set of teachers*  
**Before Care:** 8:00 am-9:00 am \_\_\_  
 Mon. \_\_\_ Tues. \_\_\_ Weds. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_  
**Extended Care: (Circle)** 2:30 pm-4:30pm 2:30pm-6:00pm  
 Mon. \_\_\_ Tues. \_\_\_ Weds. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_

**Please check which Camps your child would like to attend.**

**FINAL CAMPS AVAILABLE:**

Camp 8 July 20- 24 \_\_\_\_\_

**NEW** Camp 8B - July 27-31 \_\_\_\_\_

Camp 9 Aug 3-7 \_\_\_\_\_

**The 1st regular camp that will be attended must be paid for at time of registration.**

**Tuition for Camps 1-4 is due  
No Later than May 12th 2020**

**Tuition for Camps 5-8 is due  
No Later than June 23rd 2020**

**Children who turned 3 by September 1<sup>st</sup> 2019 must be potty trained**

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date



10555 Spring Cypress Road, Houston, TX 77070

Phone: 281 378 4080 Fax: 281 378 4081

Student Name:

\_\_\_\_\_

I understand that a morning snack will be served. If attending extended care an afternoon snack will also be served.

Parent Initial \_\_\_\_\_

**Permissions (please circle)**

I hereby give / do not give consent for my child to be transported and supervised by the operations employees for (please circle all that apply) Emergency Care Field Trips (Using the School Bus)

I hereby give / do not give my consent for my child to participate in field trips (4 years old and up)

I hereby give / do not give my consent for my child to participate in water activities (please circle all that apply) Sprinkler Play Splashing/Wading Pools Water Table Play

Parent Initial \_\_\_\_\_

**Photo and Social Media Release**

From time to time our staff may take photographs/videos for classroom/school and social media (School websites, Facebook, You Tube, Instagram) purposes. Your child's name will not be used on Social Media.

I Give \_\_\_\_ Do Not Give \_\_\_\_ my consent for the staff to take photographs/videos of my child.

Parent Initial: \_\_\_\_\_

**Outside Employment**

I understand that the staff at this facility are prohibited in participating in outside employment with parents.

Parent Initial \_\_\_\_\_

**Social Networking with Staff**

I understand that the staff at this facility are prohibited in participating in social networking activities with parents or children enrolled at the facility. (Such as Facebook, Twitter, Instagram).

Parent Initial \_\_\_\_\_

I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

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

Your child is not considered to be enrolled and does not have a slot until the Tuition Fees are paid in full.  
Two weeks notice in writing is required if you withdraw your child.  
Please note, only one camp change will be allowed free of charge. Any further changes will be assessed a \$25 fee.  
Children who turned 3 by September 1<sup>st</sup> 2019 must be potty trained.  
We are unable to accept New Students that require an EpiPen for severe allergies.  
We cannot guarantee which teacher your child may have, as different teachers work each Camp.

**Fees are NON-REFUNDABLE for any reason.**

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date



10555 Spring Cypress Road, Houston, TX 77070

Phone: 281 378 4080 Fax: 281 378 4081

**Authorization for Emergency Medical Care Summer Camps 2020**

**Authorization for Medical Attention**

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take: **Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

to:

**Name of Physician** \_\_\_\_\_ **Emergency Care Facility** \_\_\_\_\_

**Address** \_\_\_\_\_ **Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Phone** \_\_\_\_\_

I give consent for the facility to secure any and all necessary emergency medical care for my child.

**Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Special Needs**

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, and medication prescribed for long term continuous use, and any other information which caregiver's should be aware of: \_\_\_\_\_  
If not applicable, initial here \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the child require an EpiPen for allergies: Yes \_\_\_ No \_\_\_ (See Handbook.)**

**Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Emergency Contact and Authorization to pick up** *Please list local individuals to contact in the event of an emergency*

**Full Legal name as on their ID is required. REL-Relationship to child (Grandma. Caregiver, uncle etc.)**

Name _____	REL _____	Phone _____
Name _____	REL _____	Phone _____
Name _____	REL _____	Phone _____
Name _____	REL _____	Phone _____
Name _____	REL _____	Phone _____
Name _____	REL _____	Phone _____

**Children that currently attend other schools or are enrolled at The Adventure Preschool or Kardia Academy**

My child attends the following school and his/her required immunization record is on file at the school and all the required immunizations and /or tuberculosis test are current. Vision and Hearing screening records are also on file.

**Name of School:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address of School:** \_\_\_\_\_

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



10555 Spring Cypress Road, Houston, TX 77070

Phone: 281 378 4080 Fax: 281 378 4081

**Physician's Statement 2020**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

*I have examined the above child within the past year and find that he/she is able to take part in the preschool program.*

Health Care Professional Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Age > Vaccine √	0-2 mths Date Given	By 3mths Date Given	By 5mths Date Given	By 7 mths Date Given	By 16 mths Date Given	By 19 mths Date Given	By 25mths Date Given	By 43 mths Date Given	By 43 mths Date Given	By 59 mths Date Given
Hepatitis B										
Rotavirus										
Diphtheria, Tetanus, Pertussis										
Haemophilus Influenza type B										
Pneumococcal										
Inactivated Polio										
Influenza										
Measles, Mumps Rubella										
Varicella										
Hepatitis A										
Meningococcal										

TB Test (if required) please circle Positive Negative Date \_\_\_\_\_

**Signature or Stamp of a physician or public health personnel verifying immunization information above.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella (chickenpox) on or about (date) \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***Complete ONLY if Applicable***

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official affidavit form developed and issued by the Dept. of Health Services. I understand that this affidavit is valid for 2 years. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_