



10555 Spring Cypress Road, Houston, TX 77070

Phone: 281 378 4080 Fax: 281 378 4081

Summer Camp Enrollment Form 2019

4 months (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, 2019: _____ Gender: M / F
 Please Circle Grade entering 2019: Babies (Mths) _____ Pre 2 Pre 3 Pre 4 K 1st 2nd 3rd 4th 5th
 Child's Home Address _____ City, State, Zip _____
 Child's Home Phone Number _____ Date of Admission _____

Mother's Full Name _____	Father's Full Name _____
Mother's Home Phone Number _____	Father's Home Phone Number _____
Mother's Work Phone Number _____	Father's Work Phone Number _____
Mother's Cell Phone Number _____	Father's Cell Phone Number _____
Mother's Address _____	Father's Address _____
Mother's City, State, Zip _____	Father's City, State, Zip _____
Mother's Email Address _____	Father's Email Address _____
Place of Employment _____	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. ___

<p>Please check which Camps your child would like to attend.</p> <p>Camp 1 June 3-7 _____ Camp 5 July 1-3* _____</p> <p>Camp 2 June 10-14 _____ Camp 6 July 15-19 _____</p> <p>Camp 3 June 17-21 _____ Camp 7 July 29-Aug 2 _____</p> <p>Camp 4 June 24-28 _____ Camp 8 Aug 5-9 _____</p> <p>**No Camp on July 4th & 5th (3 Day Camp Only)</p>	<p>Tuition for Camps 1-4 is due No Later than May 21st 2019</p> <p>Tuition for Camps 5-8 is due No Later than June 25th 2019</p> <p>Children who turned 3 by September 1st 2018 must be potty trained</p> <p>The 1st camp that will be attended must be paid for at time of registration.</p>
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Parent or Legal Guardian Signature

Date



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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 Release

From time to time our facility may take photographs for school use. I give/ do not give my consent for the facility to take photographs of my child. Parent Initial _____

Social Media

From time to time our facility may take photographs or videotape your child for use on the internet for the program's Social media websites: The Adventure Preschool, Kardia Christian Academy, Facebook, YouTube. The child's name will not be used on Facebook or YouTube.

I hereby give / do not give my consent to photograph or videotape my child for Social Media use. *(circle)*

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 1st 2018 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



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Authorization for Emergency Medical Care Summer Camps 2019

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: _____



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Physician's Statement 2019

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 √	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	18 mos	19-23 mos	2-3 yrs	4-6yrs
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** _____