

Lake Ridge Summer Camp Registration Form

Child's Name	Grade	Age	Date of Birth	Sex
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Please check which weeks you would like your child to attend Summer Camp after confirming availability on the Weekly Fee & Themes page of our website, www.lakeridgeva.com: *Holiday weeks will be discounted by \$25 for the day off.

<input type="checkbox"/> Week 1: June 20 - 23 (Off June 19) *	<input type="checkbox"/> Week 5: July 17- 21
<input type="checkbox"/> Week 2: June 26 - 30	<input type="checkbox"/> Week 6: July 24 - 28
<input type="checkbox"/> Week 3: July 3 - 7 (Off July 4) *	<input type="checkbox"/> Week 7: July 31 - Aug 4
<input type="checkbox"/> Week 4: July 10 - 14	<input type="checkbox"/> Week 8: Aug 7 - 11

Parent/Guardian Information

Parent/Guardian #1	Place Employed	Phone
Address		Email
Parent/Guardian #2	Place Employed	Phone
Address		Email

Emergency Information

Allergies Without Medication - CARE PLAN REQUIRED	
Allergies/Conditions With Medication - ADDITIONAL FORMS REQUIRED	
Pertinent Developmental Info / Special Accommodations	Dietary Restrictions / Preferences
Child's Physician	Phone

REQUIRED: Emergency Contacts after Parents (Must be from 2 separate households other than the child's + must reside within 30 min. of facility)

Backup Contact #1	Full Address	Phone
Backup Contact #2	Full Address	Phone

Person(s) NOT Authorized to Pick Up Child (Appropriate custody paperwork must be attached if a parent is not allowed to pick up child)
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Guardian Agreements

1. The Creative Preschool / Summer Camp agrees to notify the parent/guardian whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the preschool / camp.
2. The parent(s)/guardian(s) authorize Creative Preschool / Summer Camp to obtain immediate medical care if any emergency occurs when they cannot be located immediately. *If there is an objection to seeking emergency care, a written statement must accompany this form stating their objection and reason for such an objection.
3. The parent(s)/guardian(s) agree to inform the Creative Preschool / Summer Camp within 24 hours or the next business day after the child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
4. Parent(s)/guardian(s) give permission for child to participate in Creative Preschool's / Summer Camp's transportation and field trips.
5. Photo Release Agreement: By signing below, I voluntarily allow Lake Ridge Association to publish any photos of my child from Preschool activities for use in the Lake Ridge Today magazine, marketing materials or the Association website, www.lakeridgeva.com, to advertise the community atmosphere of the Association.
6. I hereby waive, release and hold harmless Lake Ridge Association from any and all damages, actions, claims, or causes or causes of action for any loss, damage, or injury suffered by guests, my invitees, or me during participation in this program. I also attest that participant is physically fit and in good health to participate.

Signature of Parent or Guardian

Date

Administrator of Center

Date

Date child entered care: _____ Date child left care: _____

OFFICE USE ONLY IDENTITY VERIFICATION

Proof of the child's identity and age may include a certified copy of the child's **birth certificate**, **passport**, birth registration card, notification of birth (hospital, physician or midwife record), or a copy of the placement agreement or other proof of the child's identity from a child placing agency. While programs are not required to keep the proof of the child's identity, documentation of **viewing this information** must be maintained for each child.

Place of Birth	Birth Date	Certificate Number	Date Issued
Other Form of Proof			