



## School Age Summer Day Camp 2026

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardians Name: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_

I understand and agree that Leapfrog Community Daycare may call an ambulance in case of an accident or acute illness and will arrange for necessary emergency medical and/or surgical care in the event that I am not immediately available. Any qualified physician called by the Center in case of an emergency may treat and do whatever is necessary for the health and well being of my child. I agree to accept responsibility for the cost of any medical services. A conscientious effort will be made to notify me before such action is taken.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_





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## Photo Release Form

I hereby give my permission to Leapfrog Community Daycare/Promise Community Ministries for the use of pictures and/or video recordings of my child,  
\_\_\_\_\_ (child's name) to be used to decorate the Center, for use in art & craft projects, and/or for publication purposes.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_