



Summer Day Camp Enrollment

Entrance Date _____ Withdrawal Date _____

Child's Name _____ Sex _____ Age _____ Date of birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number _____ Email: _____

Father's Name Home Phone Number

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Mother's Name Home Phone Number

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone# _____

Employer's Street Address _____ City _____ State _____ Zip _____

Child's Living Arrangements: (check one) Both Parents Mother Father Other

Child's Legal Guardian(s): (check one) Both Parents Mother Father Other

The child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____

(Street-City-State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

*Name _____ Address _____

(Street-City-State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian

Other identifying information (if any) _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name, _____ Telephone Number _____

Name _____ Telephone Number _____

Name, _____ Telephone Number _____

Name of Public or Private School child attends, if any: _____ Grace Christian School _____

Child's doctor or clinic name, _____

Doctor/clinic phone# _____

My child has the following special needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____
suffer an injury or illness while in the care of (Facility name) _____ Summer Day camp _____
and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention
and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: _____

Signature

Date: _____

Facility Director: _____

Signature

Date:

SUMMER DAYCAMP POLICIES AND PROCEDURES CONTRACT

The Summer Day camp agrees to provide childcare for _____
 (Name of Facility) (Name of Child)
 from May 26, 2026 to August 7, 2026.

1. The Summer Day camp agrees to obtain written authorization from me before my child participates in field trips or special activities away from the facility.
2. Extended care (summer) is open from 7:30 A.M. – 5:30 P.M. Monday through Friday. Total cost for each child is \$1,760. This is broken down into weekly payments of \$160. A late charge of \$1.00 per minute will be charged for each minute the child is in the center past 5:30 P.M. The facility will be closed Monday, May 25, and Friday, July 3.
3. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.
4. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.
5. Children will not be allowed to leave with anyone other than their parents or persons authorized by the parents. Any change must be submitted in writing.
6. Toys are not allowed to be brought from home. We are not responsible for lost or damaged toys.
7. If your child becomes ill, he/she will not be allowed to stay in extended care. Parents will be called to pick the child up immediately.
8. I authorize the childcare facility to administer general first aid and to obtain emergency medical care for my child when I am not available.
9. I recognize that this contract serves as the policies and procedures, and I thereby agree to abide by them.
10. Before any medication is dispensed to my child, I will provide a written authorization, which includes date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. The medicine will be in the original container with my child's name marked on it.
11. I understand that communication from the facility and from me is vital to a successful program.

Signed: _____ Date: _____
 (Parent/Guardian)

Signed: _____ Date: _____
 (Facility Director)