



Pre-Kinder Camp

GENERAL INFORMATION

HOURS: 7:15 – 5:30 pm

CORE VALUES:

Excellence Caring Creativity

PHILOSOPHY:

Exploratory, Engaging, Experiential, Creative, STEAM, Character building, and Kindergarten readiness.

CURRICULUM:

Mother Goose Time, Agriculture in the Classroom, Think Orange, and Sensory Integration.

RATES: \$45/day or \$800/month

Please select the dates you would like care:

JULY 2019						
SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	CLOSED 4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

AUGUST 2019						
SUN	MON	TUE	WED	THU	FRI	SAT
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

SCHOOL CLOSURES:

- New Year’s Day ●Martin Luther King Jr. Day ●President’s Day ● Memorial Day
- Independence Day ●Labor Day ●Veteran’s Day ● Thanksgiving (including Friday)
- Christmas Week



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APPLICATION FOR ENROLLMENT

PROGRAM:

Check One: Infant Toddler Two's Preschool

PERSONAL INFORMATION

Full Name of Child:

Date of Birth:

Address

City:

State:

Zip:

Gender:

M

F

Name Child Goes By:

PARENTS/CUSTODIAL PARENTS INFORMATION

Mother's Name:

E-mail Address:

Primary Phone:

Cell/Text:

Work Phone:

Current Employer:

Occupation:

Lives With Child?:

Yes

No

Father's Name:

E-mail Address:

Primary Phone:

Cell/Text:

Work Phone:

Current Employer:

Occupation:

Lives With Child?:

Yes

No

EMERGENCY CONTACT INFORMATION

1. Contact's Name:

Relation to Child:

Specify Relation:
(If Relative or Other)

Home Phone:

Cell/Text:

Work Phone:

Work Hours:

2. Contact's Name:

Relation to Child:

Specify Relation:
(If Relative or Other)

Home Phone:

Cell/Text:

Work Phone:

Work Hours:

3. Contact's Name:

Relation to Child:

Specify Relation:
(If Relative or Other)

Home Phone:

Cell/Text:

Work Phone:

Work Hours:

AUTHORIZED ALTERNATIVE PICK-UP CONTACTS

1. Contact's Name:

Relation to Child:

Specify Relation:
(If Relative or Other)

Home Phone:

Cell/Text:

Work Phone:

Work Hours:

2. Contact's Name:

Relation to Child:

Specify Relation:
(If Relative or Other)

Home Phone:

Cell/Text:

Work Phone:

Work Hours:

RESTRICTED & UNAUTHORIZED CONTACTS

1. Full Name:

Relation to Child:

2. Full Name:

Relation to Child:

Additional Info:



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MEDICAL AUTHORIZATION

FULL NAME OF CHILD

DATE OF BIRTH

Are your child's immunizations current? Yes No

If no, has an exemption form been completed? Yes No

Does your child have any allergies? Yes No

If yes, please list cause, symptoms, and type of response required in the event of an allergic reaction:

Does your child have any medical conditions? Yes No

If yes, please list them and their symptoms:

Please list any other pertinent information such as child's blood type, special medications, etc.

NAME OF PRIMARY PHYSICIAN:

PHONE:

MEDICAL INSURANCE NAME:

POLICY #:

POLICY HOLDER'S NAME:

As the parent/legal guardian of the child named on this form; I hereby grant permission for any staff member of Sunriver Preschool to take any necessary step(s) to obtain medical care for my child if deemed warranted. Should attempts to contact me, the parent and/or guardian, fail; these aforementioned steps may include:

1. Attempt to contact those listed on the authorized contact list I have provided.
2. Attempt to contact my child's physician.
3. If all attempts to make contact with the above parties fail; SRPS staff may do any or all of the following:
 - a.) Call another physician
 - b.) Call paramedics/ambulance
 - c.) Have the child taken to the emergency hospital under the direct supervision of an SRPS staff member.

I have read and understand this form completely. I agree that by signing this form I am accepting full responsibility for any medical expenses incurred under Step 3 of this section.

PARENT/GUARDIAN SIGNATURE: _____

PRINTED NAME: _____ DATE: _____

Please print out, sign, and return this form in its entirety to Sunriver Preschool.