

Parent/Guardian #2 Marital Status: Married Widowed Divorced Single Partnered

Name: _____

Home Address: _____

City, State and Zip: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone number: _____

Occupation: _____

Primary Contact Information:

Due to the number of phone numbers and emails each family may have we ask that you identify primary contact information for your family. Please indicate the phone number we should try first when we need to reach you and the email where you will most consistently receive preschool information.

Primary Phone Contact: _____

Primary Email Contact: _____

2010 Summer Camp Registration Information Dates, Fees & Policies

- Registration for *Summer Around the World* camp is open to children aged 2 ½ * to 8.
- **Space is limited and spots are filled on a first come first serve basis.**
- **In House & TCGP Alumnae Registration:** March 1st – April 1st. Registration forms and fees required for each child.
- **Open Registration:** April 2nd – April 30th. Registration forms and registration fees required for each child.
- **Tuition Due in Full:** Session I & II due no later than April 30th. Session III & IV due in full no later than June 1st.
- **Both the registration fee and summer camp tuition fees are strictly non-refundable. Camp fees not paid in full by due dates will result in forfeiture of camp placement for the session(s) registered.**
- **Class Placement will be as follows:** Older twos who have been through TCGP program; older threes and fours; older fours and fives; and six to eight year olds. All classes will consist of a Lead Teacher and an Assistant Teacher.

*Please Note: Only 2 ½ year olds who have been through TCGP program may register for summer camp.

Circle the session numbers for each camp you are signing up for:

Session 1
Wondrous Europa!
I
 June 1, 2, 3 and
 June 8, 9, 10
\$190

Session 2
Wondrous Europa!
II
 June 15, 16, 17 and
 June 22, 23, 24
\$190

Session 3
Viva! Latin America
I
 July 13, 14, 15 and
 July 20, 21, 22
\$190

Session 4
Viva! Latin America II
 July 27, 28, 29 and
 August 3, 4, 5
\$190

Check/Include the Following:

_____ Registration Fee: \$50 (per child, whole summer)

Pay at Registration Time or by Due Date (see above):

_____ Camp Tuition Fees: \$190ea. X _____ # of camp session (s) circled above = \$ _____

Total Amount Submitted with Registration: \$ _____

Parent Signature _____ Date: _____

Medical & Emergency Information Form

PLEASE COMPLETE ALL SECTIONS OF THIS FORM--No Blanks Please!

Child Name: _____ Month/day/year of Birth: _____

Family Physician or Pediatrician: _____ Phone: _____

Parent/Guardian Name/s: _____

-----**Medical History**-----

1. Is your child under medical care? Yes No

2. Is your child taking any medication? If so, what kind? For what? _____

3. Does your child have any medical/physical problems we should be aware of? Please be specific. Include any and all allergies and current treatment.

4. If you vaccinate your child, please tell us the date of last Tetanus booster: ___/___/___

5. Any surgical operations in the last year? If yes, please explain.

6. Any injuries or accidents in the last year? If yes, please explain.

7. In case you cannot be reached provide us with TWO EMERGENCY CONTACTS.

PLEASE DO NOT LEAVE ANY BLANKS HERE.

1st choice: _____ Phone: _____

2nd choice: _____ Phone: _____

8. Please check if the following medicines may be administered to your child:

___ Tylenol or Motrin ___ Benedryl Child's weight ___ lbs.

As parent and/or guardian, I do herewith authorize the treatment by qualified and licensed medical doctor, of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Parent/Legal Guardian Signature: _____ Date: _____

Print Name: _____

Address: _____

Date or Dates when release is intended:
