



Summer Camp Enrollment Form

| | | |
|--|-------------------|--|
| Child's full name: | Child's nickname: | |
| Date of birth: | Grade in Fall: | Child's Pronouns: |
| Does your child have allergies, health concerns, or special needs? | | <input type="checkbox"/> No |
| | | <input checked="" type="checkbox"/> Yes* |

***If yes, you must contact us and fill out additional paperwork before your child can attend camp. Some forms require doctor completion and/or signature.**

Parent/Guardian Contact Information

| | |
|---------|--------------|
| Name | Relationship |
| Address | Pronouns |
| | Phone number |

Email

Parent/Guardian Contact Information

| | |
|---------|--------------|
| Name | Relationship |
| Address | Pronouns |
| | Phone number |

Email

Emergency Contact Information

| | |
|---------|--------------|
| Name | Relationship |
| Address | Pronouns |
| | Phone number |

Email

Medical Contact Information

| | |
|------------------------|-------|
| Insurance provider | |
| Primary physician name | Phone |

Parent Agreements

_____ (Initial) I have read the summer camp handbook and understand the information within. I agree to follow the policies and procedures outlined there.

_____ (Initial) I understand that I am reserving a camp slot for my child and will still need to pay for that slot regardless of whether or not my child attends (Ex. if they stay home sick, go on vacation, etc). I understand I can request a refund, but that it may not be granted if it's less than 6 weeks before camp.

_____ (Initial) I understand that I may not drop my child off before 7:30am. I understand I will be charged \$1.00 for every minute past 3:00 (without after care) or 5:00pm (with aftercare) that my child remains in care and that the time will be based on the school's clock. I understand I will need to pay the late fee before my child can attend camp the following day.

_____ (Initial) I understand that I am simultaneously enrolling my child in all of Wild Pear's childcare programs and agree that they may move between facilities as the teachers see fit.

(Initial) I give permission for WP to take my child on walking field trips.

(Initial) I give permission for WP to take respectful photos/videos of my child. I give permission for these images to be shared and used in a professional manner.

(Initial) I understand the WP health policy, my child is up to date on their vaccinations and I will keep them home as needed when sick.

(Initial) In an emergency, Wild Pear (Wild Pear Preschool CF503407 and Wild Pear Sprouts CF052125) has my permission to perform first aid/CPR, call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment.

Parent Name _____

Parent Signature _____ Date _____