

2017 SUMMER CAMP REGISTRATION FORM

*A Separate Registration Form is Needed For Each Child
Payment MUST accompany this registration form.*

Time: 9 AM to 1:00 PM

*Kids must be fully potty-trained and have turned 3 years of
age by 9/1/2015 through completed Kindergarten*

OFFICE USE ONLY

Check all that apply	Preschool Camp Dates/Themes
<input type="checkbox"/> @ \$80	June 5-9
<input type="checkbox"/> @ \$80	June 12-16

Check No.	Date Rec'd

Personal Information

Child's Last Name	Child's First Name	
Date of Birth	Age (as of 9/1/2015)	
Mother's Name	Father's Name	
Street Address		
Your Church Home	Home Phone	Cell Phone

Medical Information

Allergies/Conditions		
Medications Currently Taking		
Emergency Contact Other than Parent	Name:	Phone:

Medical Release: If my child should become ill or injured at New Hope Early Learning, I understand that the facility will (1) call 9-1-1 should the problem be deemed an emergency, and (2) contact me or my designated emergency contact immediately. Should the facility be unable to reach me or the emergency contact, they are authorized to contact my child's physician and/or arrange for immediate emergency treatment. I will accept full responsibility for payment of all medical services rendered. I do hereby release, forever discharge and agree to hold harmless New Hope Early Learning and its directors thereof from any liability, claims or demands for personal injury, sickness or death, as well as property damage or expenses of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in the programs of New Hope Early Learning, including recreation and work activities. The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents for any liability sustained by said acts of said participant, including expenses incurred attendant thereto. The undersigned further consents to the administration of first aid and/or doctor's care, or any form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as thereto described, the undersigned agrees to hold harmless and indemnify said church, its directors, employees and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

Parent/Guardian Signature _____

Date _____

**New Hope Early Learning, 120 N. Knights Avenue, Brandon FL 33510
813-689-9482 wendy@brandonchurch.com**