

SUMMER *summer* SUMMER

Early Registration for Summer Care

- ➔ Registration for Summer Care is \$50 per child due prior to start.
- ➔ Summer Care begins May 30 and ends August 2, 2023
- ➔ Summer Care covers ages 4-11 (Pre-K completed)
- ➔ Summer Care is \$150/week which includes field trips
- ➔ There will be permission sign-up sheets out on Monday of each week for parents to give consent for students to participate.
- ➔ There will be 2 classes AS1 (7-11 year olds) and AS2 (4-6 year olds)



Date: _____ Entrance Date: _____

Child's Name: _____ Sex: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Father's Name: _____ Cell Phone: _____

E-mail: _____

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

City: _____ State: _____ Zip: _____

Father's Place of Employment: _____ Work Phone: _____

Work Address: _____

Mother's Name: _____ Cell Phone: _____

E-mail: _____

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

City: _____ State: _____ Zip: _____

Mother's Place of Employment: _____ Work Phone: _____

Work Address: _____

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

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

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

Name: _____ Address: _____

Phone Number: _____ Relationship to child: _____

Relationship to Parent(s) or Guardian: _____

Name: _____ Address: _____

Phone Number: _____ Relationship to child: _____

Relationship to Parent(s) or Guardian: _____

Person (s) to contact in the case of an emergency when parent or guardian cannot be reached:

Name: _____ Phone: _____ (c) (h)

Name: _____ Phone: _____ (c) (h)

Name: _____ Phone: _____ (c) (h)

Name of Public or Private school child attends, if any: _____

Child's doctor or clinic name: _____

Doctor/clinic address: _____

Doctor/clinic phone: _____

My child has the following special needs: _____

The following special accommodations 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:





Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____ Cell Phone _____

Work Phone _____ Email _____

Mothers Name _____ Cell Phone _____

Work Phone _____ Email _____

Person to notify in an emergency and parents cannot be reached.

Name _____ Cell Phone _____

Child's Doctor _____ Phone _____

Medical Facility the Center uses: MED NOW URGENT CARE

Address 104 N Belair Road | Unit 101 | Evans, GA 30809

Child's allergies _____

Current prescribed medication (if any) _____

Child's special needs/conditions _____

In the event of an emergency involving my child and if Small wonders can not get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Parent/Guardia Signature

Date

Witnessed by Center Staff

Date