Laurelwood Community Preschool

2022 Summer Camp Application

Child's Full Name_____ Nickname (if any) _____

Address _____ Date of Birth_____

Desired Camp Session (Monday- Friday; 8:00 AM – 12:00 PM):

- ☐ **June 6th- June 17th:** Clay exploration and 3D representation
- ☐ **June 20th- July 1st:** Paint exploration
- ☐ **July 5th- July 15th:** Hands-on science discovery
- ☐ **July 18th- July 27th:** Loose parts; creating with everyday materials

Extended care is needed:

- ☐ **12:00 PM - 3:00 PM**
- ☐ **3:00 PM - 6:00 PM**

Parent or Guardian's name _____ Relation to the child _____

Address (if different from child's) _____

Primary Telephone _____ Email _____

Parent or Guardian's name _____ Relation to the child _____

Address (if different from child's) _____

Primary Telephone _____ Email _____

Emergency Contact

The child will be released to the parents/ guardians listed above as well as the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/ guardians cannot be reached, the facility has permission to contact the following individuals.

_____ _____ _____

Name Relationship Phone Number

_____ _____ _____

Name Relationship Phone Number

Health Care Needs

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? *Yes* *No*

List any allergies and the symptoms and type of response required for allergic reactions

_____

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns

_____

List any type of medication taken for health care needs

_____

Emergency Medical Care Information:

Name of health care professional _____ Office Phone _____

Hospital Preference _____ Phone _____

I, as the parent/ guardian, authorize the center to obtain medical information for my child in an emergency.

Signature of Parent/ Guardian _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency, situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or medication without specific instructions from the physician or the child's parent/ guardian.