

## Summer Camp/Summer Preschool Registration

Child's Name \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Allergies \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Mother or Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Father or Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Doctor \_\_\_\_\_ Phone# \_\_\_\_\_

### How to Register

A **non-refundable** \$25 registration fee must accompany this application and will hold your place for camp. Weekly fees are due each week on the first day of camp. There are no make-up dates or refunds for occasional absences. Mail or drop off the registration fee and application at The Children's House, 2404 W. 62<sup>nd</sup>. St. Indianapolis, IN 46268

### Authorization

I hereby give consent on behalf of my child/dependent to attend The Children's House Day Camp. I know of no reason why my child might not be able to participate freely in the activities for which they are enrolled. I give permission for my child to attend any excursions and/or field trips while enrolled in the summer camp.

Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

