



A Child's Garden Summer in the Garden 2018

\$75 Non-refundable Registration Fee

Office use only

Application Fee _____

Date Received _____

Start Date: June 4, 2018

End Date: July 20, 2018

Child's Name _____ Prefers to be called _____

Child's Birth Date _____ Child's Age _____ Sex _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Name/Phone # _____

Name/Cell # _____

Name/Phone# _____

Siblings (ages) _____

Schedule: 7 Week Program: June 4-July 20 (**July 4 Holiday-CLOSED**)

Infants - Pre-k:

5 Day _____ 3 Day M, W, F _____ 2 Day T, Th _____

9:00-1:00 _____

9:00-3:00 _____

7:30-5:30 _____

Interim care available for an extra charge July 23-27

____ Please sign my child up for the FPC summer choir camp (must be 4 years old) July 23-27 9am-12pm

Parent/Guardian _____ Occupation _____

Place of Employment _____ Business Phone _____

Business Address _____

Parent/Guardian _____ Occupation _____

Place of Employment _____ Business Phone _____

Business Address _____

Person(s) Responsible for Tuition:

Name _____

Relationship _____

Address _____ City _____ State _____ Zip _____

My child can be released to (Name & Phone #):

_____ Ph# _____

_____ Ph# _____

_____ Ph# _____

_____ Ph# _____

I give permission for emergency medical transportation and treatment:

Signed _____

Preferred Medical Facility _____

Physician _____ Phone # _____

Dentist _____ Phone # _____

Allergies _____

Medical or other conditions of which the school should be aware _____

Medication _____

Emergency Contacts (other than parents/guardians who live locally):

1st Contact: Name _____

Phone # _____ Cell # _____

2nd Contact: Name _____

Phone # _____ Cell # _____

I _____ verify that all above information is correct and will notify the office promptly if it changes.

Signature

Date