



Simpsonwood Preschool  
August Camp Registration  
2021

12 Days: August 3-5, 10-12, 17-19, and 24-26. Must be 2 by 1/1/2021  
Hours: 9:30-1:00      Snack is provided; you send a lunch.  
Cost: \$300      \$100 due with registration (non-refundable);  
                         \$200 due by August 3.

**\*\*Registration fee holds your spot; check or venmo: @simpsonwoodpreschool4500**

*\*SUMC Preschool is not and does not need to be licensed by the state.\**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Is the child potty trained?     Yes     No

Parent names: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone(s): \_\_\_\_\_

Email address: \_\_\_\_\_

Allergy info: *please list any food or environmental allergies your child has and describe in detail. Epi Pens need to be registered with the preschool director and left on campus for the duration of camp.*

Parent Signature: \_\_\_\_\_

**Please fill out medical release form on back.**

## Emergency Medical Release Form

I hereby grant permission for Simpsonwood's staff to take any steps necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

- Attempt to contact parent/guardian
- Attempt to contact a physician
- Attempt to contact emergency persons listed
- Call an ambulance
- Take child to a hospital

Any expenses incurred will be borne by the child's family. Neither Church nor Preschool is responsible for anything that may happen as a result of false personal information given at the time of enrollment.

Child's name: \_\_\_\_\_

Physical limitations or allergies: \_\_\_\_\_

\_\_\_\_\_

Physician's name: \_\_\_\_\_

Phone : \_\_\_\_\_

Insurance and policy #: \_\_\_\_\_

Please contact the following person(s) in the event I can't be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

I hereby grant permission to any hospital to administer treatment to my child in the event of an emergency. I give consent to transport by ambulance or car if warranted.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_