



2017 **Summer Camp** Registration Form

Child's First Name: _____ Child's Last Name: _____

Child's preferred name at school: _____ Birth Date: _____ Male Female

Home Phone: _____ Home Address: _____

City: _____ State: _____ Zip Code: _____

Parent A Name: _____ Cell or Work Phone: _____

Parent A Relationship: _____ Parent A E-mail: _____

Parent B Name: _____ Cell or Work Phone: _____

Parent B Relationship: _____ Parent B E-mail: _____

Preferred E-mail for billing: Parent A Parent B Other: _____

3 & 4 Camp Tuesday & Thursday

9:30 AM — 12:00 PM

Students must be 3 years old by the first day of camp
 \$70 per week

- Week 1 Tu/Th July 11 & 13
- Week 2 Tu/Th July 18 & 20
- Week 3 Tu/Th July 25 & 27
- Week 4 Tu/Th August 1 & 3
- Week 5 Tu/Th August 8 & 10
- Week 6 Tu/Th August 15 & 17

4 to 6 Camp Monday—Thursday

9:30 AM — 1:00 PM

Students must be 4 years old by the first day of camp.
 Students need to bring a sack lunch.
 \$140 per week

- Week 1 M-Th July 10—13
- Week 2 M-Th July 17—20
- Week 3 M-Th July 24—27
- Week 4 M-Th July 31—August 3
- Week 5 M-Th August 7—10
- Week 6 M-Th August 14—17

Fees are due by the first day of camp. Fees are non-refundable and are not pro-rated for vacations or illnesses.

I understand I am responsible for all fees during the 2017 Summer Camp Session.

Signature Acknowledgement: _____ Date: _____

If you are new to Young Learners Preschool, please continue to complete the back of this form.
 If you were formerly enrolled at Young Learners for the 2016/2017 school year or are currently enrolled for the 2017/2018 school year,
 you **do not** need to continue to fill out the back.

Does your child have any health problems or medical conditions we should be aware of? (please explain): _____

Does your child have any allergies to food, medication, pets, other? (please describe): _____

If yes, does your child require medication for this allergy (i.e. Epi-pin)?: _____

Does your child have any food or dietary restrictions (i.e. Vegetarian, gluten-free, vegan, etc.)? (please describe): _____

Does your child have any special needs? (If yes, please explain): _____

If yes, are you currently working with ESD / Early Intervention?: _____

In the event of an emergency that Young Learners determines is serious enough for medical attention, and a parent cannot immediately be reached, I authorize Young Learners Preschool to arrange medical transportation and obtain medical services for my child. (initial here to authorize) _____

In addition to the parents listed on the front, please list the following individuals who are authorized to pick-up or remove your child from school.

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Emergency Phone Contact Outside the Portland Metro Area: _____

Relationship to child: _____

Please let us know how you first learned of YLP?

Previous family member enrolled

Driving by / Road signs

Internet / Website

Publication _____

Friend _____

Other _____