



2019 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: _____

Monday–Thursday 9:30 AM – 1:00 PM

Students must be 3 years old by the first day of camp. Students need to bring a sack lunch.

- | | | | |
|--------------------------|--------|------------------------|------------------------------|
| <input type="checkbox"/> | Week 1 | June 24th - 27th | A Camping We Will Go |
| <input type="checkbox"/> | Week 2 | July 8th - 11th | Kids in the Kitchen |
| <input type="checkbox"/> | Week 3 | July 15th - 18th | Construction Zone |
| <input type="checkbox"/> | Week 4 | July 22nd - 25th | Out of this World |
| <input type="checkbox"/> | Week 5 | July 29th - August 1st | Superhero & Fairy Princesses |
| <input type="checkbox"/> | Week 6 | August 5th - 8th | Super Scientist |
| <input type="checkbox"/> | Week 7 | August 12th - 15th | Imagination Station |

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 2019 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 2018/2019 school year or are currently enrolled for the 2019/2020 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 _____