



Kindergarten Readiness Summer Camp

2016 Summer Program Registration

June 12, 2017 through July 11, 2017

Monday through Friday, 8 a.m. to 1 p.m.

This is a free program with limited availability. Please submit your registration form prior to May 31, 2017 to ensure that your child will have an available slot.

Please print legibly in blue ink

Today's Date: _____

Child's t-shirt size: (circle one)

Youth: S M L XL

Adult: S M L XL

Participant's Name: _____ ☐ Male ☐ Female Age: ____ Date of Birth: _____
LAST NAME FIRST NAME

Home Address: _____
Street City State Zip Code

Home Telephone: _____ Emergency Telephone: _____

A COPY OF THE CHILD'S BIRTH CERTIFICATE MUST BE SUBMITTED WITH THIS APPLICATION.

Has this child attended preschool, or Headstart? ____ Yes ____ No If Yes, School _____

Length of time in the program _____ Months/Years Last date of attendance _____

Parent / Legal Guardian: _____ / _____
Printed Name LAST NAME FIRST NAME Signature Date

Home Address: _____
Street City State Zip Code

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Email: _____



Kindergarten Readiness Summer Camp

Participant's Name: _____

RELEASE OF LIABILITY

I/we, the undersigned natural parent(s) or legal guardian of _____, desire and consent my/our child to attend and become officially enrolled in the Kindergarten Readiness Summer Camp.

I/we release and discharge SIUE East St. Louis Center and its representatives, employees and consultants from any and all claims, losses, demands, damages, causes of action, judgments or suits of any kind which either I/we or my/our child may have arising out of or in connection with my/our child's participation and enrollment in the Kindergarten Readiness Summer Camp.

I/we do hereby agree to have and indemnify and keep harmless SIUE and its representatives, employees, Board members, volunteers and consultants against any and all liability, claims, judgments or demands for damages which either I/we or my/our child may have arising from or in conjunction with my/our child's participation and enrollment in Kindergarten Readiness Summer Camp.

Signature of Parent or Guardian

Date

Printed First and Last Name of Parent or Guardian



Kindergarten Readiness Summer Camp

Participant's Name: _____

****THE INFORMATION ON THIS FORM IS NECESSARY
IN ORDER TO PROVIDE QUALITY CARE FOR YOUR
CHILD. ALL INFORMATION IS KEPT CONFIDENTIAL.**

CONSENT FOR EMERGENCY **

IN CASE OF EMERGENCY, CONTACT:

Name: _____ Relationship to Participant: _____
Printed First and Last Name

Address: _____
Street City State Zip Code

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Other Telephone: _____

REQUIRED HEALTH INFORMATION **

MEDICAL INFORMATION OF PARTICIPANT:

Participant's Primary Physician's Name: _____

Address: _____
Street City State Zip Code

Office Telephone: _____ Alternate Telephone: _____

Is the Participant on any medication? ☐ Yes ☐ No

If yes, please list:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Does the Participant have any allergies to MEDICATION or FOOD? ☐ Yes ☐ No

If yes, please list:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |



Kindergarten Readiness Summer Camp

Participant's Name: _____

****THE INFORMATION ON THIS FORM IS NECESSARY
IN ORDER TO PROVIDE QUALITY CARE FOR YOUR
CHILD. ALL INFORMATION IS KEPT CONFIDENTIAL.**

REQUIRED HEALTH INFORMATION ** CONTINUED

Does the Participant have any medical conditions or physical impairments that we should be aware of?

☐ Yes ☐ No

If yes, please explain: _____

Date of Participant's last physical exam: _____

**A COPY OF THE MOST RECENT IMMUNIZATION RECORD FOR THE PARTICIPANT MUST BE
SUBMITTED.**

**Please read the Consent Authorization and sign below. This authorization must be on file for the
duration of your child's participation in the East St. Louis Center Performing Arts Summer Program.**

In the event of an emergency or medical treatment, I hereby give my consent, and/or authorize the Kindergarten Readiness Summer Camp staff to provide medical treatment or services to or for my child. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or medical care required, and is to serve as specific consent to any and all such diagnoses, treatments, or hospital care which may be deemed necessary. Medical services are approved by me during my child's participation with the Kindergarten Readiness Summer Camp.

Signature of Parent or Guardian

Date

Printed First and Last Name of Parent or Guardian

Date



Kindergarten Readiness Summer Camp

Participant's Name: _____

PHOTOGRAPH/VIDEO AGREEMENT

I/We the parent(s) or guardian(s), give consent for my/our child, the Kindergarten Readiness Summer Camp participant, to be videotaped and/or photographed in connection with the program's activities. These videos/photographs may be used by the program for advertisement via newsletter, newspaper, television, website, magazine articles and/or talks.

☐ YES, you have my permission to video/photograph my child.

☐ NO, you do not have my permission to video/photograph my child.

Please sign in blue ink -

Father's Name: _____ Date: _____

Father's Signature: _____

Mother's Name: _____ Date: _____

Mother's Signature: _____

Legal Guardian's Name: _____ Date: _____

Legal Guardian's Signature: _____

Please note: The program will be CLOSED on Tuesday, JULY 4 to celebrate Independence Day

PICK-UP AND DROP-OFF PROCEDURES

The program is located at Gordon Bush Elementary 1516 Gross Ave, East St. Louis, IL 62204
PLEASE DO NOT drop off your children before 8:00 a.m. Children MUST be picked up NO LATER than 1:10 p.m.

Signature of Parent or Guardian

Date

The best daytime contact for me is:

☐ Cell Phone _____ ☐ Work Phone _____ ☐ Home Phone _____

Authorized Person(s) for Pick Up:

Same as emergency contact ____yes ____no

Name: _____ Relationship to Participant: _____
Printed First and Last Name

Address: _____
Street City State Zip Code

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Other Telephone: _____

Name: _____ Relationship to Participant: _____
Printed First and Last Name

Address: _____
Street City State Zip Code

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Other Telephone: _____

Parent Statement of Understanding

We take the safety and the happiness of your child very seriously. We want every day to be a happy and safe memory for them. Therefore we will hard to create an environment that will allow this to happen. We will partner with you to achieve that.

The following information is important for the safety and protection of your child. Please read this information and sign below.

- I understand that my child will not be released to any person(s) not listed on the enrollment form.
- I understand that my child will not be released to any person(s) who appear to be under the influence of drugs or alcohol.
- I understand that I am not to leave my child at the Kindergarten Readiness Summer Camp or program site unless a Kindergarten Readiness Camp staff member or volunteer is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child in the morning and sign my child out before leaving in the afternoon. Sign-in/Sign-out sheets are available as you arrive at the program area. (See other pick-up provisions in Parent Handbook).
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.

Signature of Parent or Guardian

Date