

St. Bonaventure Summer Preschool Enrollment Form

Child's Name _____ Birthdate _____

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Circle which camp or camps enrolling for World: June 6-9 and/or Creatures: July 11-14
FATHER (or Guardian)

Name _____ Employer _____

Address _____ Address _____

City/Zip _____ City/Zip _____

Home Phone _____ Cell _____ Work Phone _____

MOTHER (or Guardian)

Name _____ Employer _____

Address _____ Address _____

City/Zip _____ City/Zip _____

Home Phone _____ Cell _____ Work Phone _____

Email _____

Emergency Contact Person – will be contacted when Parent or Guardian cannot be reached.

Name _____ Phone _____

HEALTH INFORMATION – Please list any health concerns, including diet and activity restrictions, allergies, and medications that staff should be aware of. Write none if applicable.

Does this child have an IEP or IFSP in place for learning or medical problems? Yes or No

DOCTOR'S NAME _____

MEDICAL RELEASE I hereby authorize St. Bonaventure Preschool/Child Care staff to take my child to the above named physician or arrange transportation to Columbus Community Hospital for medical treatment in the event of an emergency in which neither parent or guardian can be reached.

Date _____ **Signature** _____

Registration Fee - \$50 per camp & camper Date Paid _____