

Complete and Mail

Calvary Summer Program 2008

80 North Franklin Street 2nd Floor

Hempstead, NY 11550

516-292-3685

Children's Enrollment Form

July 1st – August 29th 8:30am to 6:30pm

Entrance Date: _____

Withdrawal Date: _____

Registration \$ _____ Date Paid: _____ Referred By: _____

Has your child ever been enrolled in a Summer Program? _____ Yes _____ No

Child's Name: _____ Sex: ____ Age: ____ Birth date: _____

Home Phone: _____ Mother's Cell: _____

Father's Cell: _____ Legal Guardian's Cell: _____

Child's Home Address: _____

If Father's Home Address is different from child:

Father's Name: _____ Home Phone: _____

Address: _____

Employer/Company: _____ Work Phone: _____

Company Address: _____

If Mother's Home Address is different from child:

Mother's Name: _____ Home Phone: _____

Address: _____

Employer/Company: _____ Work Phone: _____

Company Address: _____

Child's Living Arrangements: _____ Both Parents _____ Mother _____ Father _____ Other

Child's Legal Guardian(s): _____ Both Parents _____ Mother _____ Father _____ Other

If Legal Guardian is different from Mother or Father:

Legal Guardian's Name: _____ Home Phone: _____

Address: _____

Employer/Company: _____ Work Phone: _____

Company Address: _____

In the event that the Parent(s) or Legal Guardian cannot be reached, I authorize you to contact, release my child to and allow my child to be picked up by the following person(s):

1) Name: _____ Telephone: _____

Address: _____

2) Name: _____ Telephone: _____

Address: _____

3) Name: _____ Telephone: _____

Address: _____

Child's Physician/Clinic: _____ Telephone: _____

Address: _____

My child has the following special need(s): _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at this center.

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies or health concerns:

Attendance Policy:

A child should be kept at home if he/she shows any of the following symptoms:

- ✚ A temperature over 100° F
- ✚ Intestinal upset along with diarrhea or vomiting
- ✚ Sore or discharging eyes
- ✚ Profuse nasal discharge
- ✚ Rash with a fever

In the event of a medical emergency and medical attention is needed for my child, before I can be contacted, I authorize any representative of **Calvary Tabernacle** to act on my behalf by contacting medical emergency personnel and following their advice for my child.

Parent's/Legal Guardian's Signature

Date

I acknowledge that it is my responsibility to advise **Calvary Tabernacle** of any significant changes in enrollment information concerning phone numbers, work locations, emergency contacts, child's physician or any other changes related to the child's safety or well being.

This contract is subject to change. However, you will be notified prior to any changes. **Calvary Tabernacle** is a State Licensed Facility. We are inspected regularly by our regulatory agency. We are an equal opportunity provider. Applications are accepted without regard to race, religion, sex, or national origin.

I have read this contract and received a copy of the policies and procedure. I have asked questions about any part that I may not have completely understood. I agree to the policies and procedures. I further understand that failure to comply with these policies and procedures could result in my child's immediate dismissal from **Calvary Tabernacle**

Signature of Parent or Guardian

Date

Signature of Director or Owner

Date