

Preschool Day Camps Registration Form



Day Camps for USD 307 4 year olds. Participants must be 4 by August 31, 2017.

Circle the Dates of Anticipated Attendance:

Tuesday, September 12

Tuesday, January 9

Tuesday, October 10

Tuesday, February 13

Tuesday, November 14

Tuesday, March 13

Tuesday, December 12

Tuesday, April 10

Circle Preferred Session: Morning Session: 9:00 am - 11:30 am Afternoon Session: 12:30 pm - 3:00 pm

Child's Name

Date of Birth

Address

Father's Name

Mother's Name

Father's Address

Mother's Address

Father's Cell Number

Father's Work Number

Mother's Cell Number

Mother's Work Number

Emergency Contact 1

Relationship to Child

Contact's Cell Number

Contact's Work Number

Emergency Contact 2

Relationship to Child

Contact's Cell Number

Contact's Work Number

Is your child currently enrolled in another preschool program?
If yes, how many days a week does your child attend preschool?

_____ Yes _____ No
_____ 3-days _____ 4-days _____ 5-days

Known medical conditions: _____

Known allergies: _____

Transportation can be provided to and from child's home address within district boundaries. _____ Yes, pick up my child at home.
_____ Yes, drop off my child at home.
_____ No, we'll provide transportation.