

Enterprise School District # 21  
Kinder Camp Registration Form

Student's Legal Last Name

Student's Legal First Name

\_\_\_\_\_

Preferred Name \_\_\_\_\_

\_\_\_\_\_

Gender: **M** **F** Birthdate: \_\_\_\_\_

Parent/Guardian First and Last Name (s) \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

Is there an IFSP in place for this child? **Y** **N** If so, what are the goals? \_\_\_\_\_

\_\_\_\_\_

Do you have concerns regarding your child's development or behavior? **Y** **N** If so, what are they?

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Drop Off/ Pick UP- Please list any individuals who are authorized to drop off or pick up your child from Kinder Camp. Be advised that each time your child is dropped off they will need to be signed in. Furthermore, if someone comes to pick up your child and they are not on the list, they will not be allowed to leave with your child until contact has been made with you.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**ALLERGIES**

Does your child have allergies? **Y** **N** If yes, will your child need to keep an epi-pen on site? **Y** **N**

Food Allergies? \_\_\_\_\_

## MEDICAL INFORMATION

Child's Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

(initial) \_\_\_\_\_ I, the undersigned, do hereby authorize officials of Enterprise School District to contact directly the persons named on this for, and do authorize the name physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary, in their judgement, for the health of the foresaid child. I will not hold the school district financially responsible for the emergency care and or transportation of said child.

(initial) \_\_\_\_\_ I, authorize the school personnel to arrange for ambulance transportation, if necessary, and give permission for emergency personnel and the hospital, under the supervision of the attending physician to treat my child in an emergency situation when I cannot be located.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### **Calendar: Monday – Wednesday 8am - 12pm**

#### **1<sup>st</sup> and 2<sup>nd</sup> week of August**

Please let us know what days your child will not be attending.

August 2 <sup>nd</sup>	August 3 <sup>rd</sup>	August 4 <sup>th</sup>	August 9 <sup>th</sup>	August 10 <sup>th</sup>	August 11 <sup>th</sup>