

Application Date _____ Date of Enrollment _____

SUMMER CAMP ONLY

CHILD'S APPLICATION FOR ENROLLMENT at The Garden

To be completed and placed on file prior to enrollment

Name of Child _____ Birth date _____
(Last) (First) (MI) (Nickname)

Address _____ Zip Code _____

INFORMATION ABOUT THE FAMILY: Primary Contact (who to call first): _____

Father/Guardian's Name _____ Home/Cell Phone _____

Address _____ Zip Code _____

Where Employed _____ Business Phone _____

Mother/Guardian's Name _____ Home/Cell Phone _____

Address _____ Zip Code _____

Where Employed _____ Business Phone _____

Preferred Email Address (required): _____

INFORMATION ABOUT YOUR CHILD: Does your child have any known allergies: No Yes

Explain: _____

Does your child have any chronic illnesses, conditions, behavior concerns or special needs: No Yes

Explain: _____

Please give any additional information concerning your child which will be helpful in his experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes).

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Phone _____

Address _____

Hospital preference _____ Phone _____

If neither father nor mother (or guardian) can be contacted, call (please list relationship):

Name _____ Home/Cell Phone _____ Office Phone _____

Name _____ Home/Cell Phone _____ Office Phone _____

If you cannot call for your child, please give the names of persons to whom the child can be released:

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

(Signature of Parent) (Date)

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

(Signature of Operator) (Date)

Please Check Below which program(s) you are interested in for your child:

(if you are open to first available or more than one program, please select more than one option below)

- Toddler Camps 5 day (Ages 18m-36mo; Mon - Fri)
- Toddler Camps 3 day (Ages 18m-36mo; Tues-Thurs)
- Toddler Camps 2 day (Ages 18m-36mo; Mon & Fri)
- Preschool Camps: 5 day (Ages 3 - 6yr Mon-Fri)
- Preschool Camps: 3 day (Ages 3 - 6yr Tues-Thurs)
- Preschool Camps: 2 day (Ages 3 - 6yr Mon & Fri)

Enrollment Term Full Summer (priority placement offered) June July August
(select all that apply): Weekly (specify dates): _____

Enrollment Information (please select all that apply):

- My child is enrolled at MMCS
- My child is the sibling of a child who is enrolled at The Garden and/or MMCS
- My child is potty trained (required for preschool placement)
- My child has special needs or behavior concerns

Thank you for submitting your application electronically. No fee is required to apply for summer camp only.

_____ I have read and agree to all of the terms and conditions listed in the Camp Handbook. _____

Parent Signature (electronic or physical accepted)

Date