

ITS THAT TIME AGAIN!!!



REGISTRATION

July 1st-August 9th

216-02 137th avenue

Springfield Gardens, NY 11413

Full completion of this form is

Mandatory to participate

Little People Summer Camp Registration Packet

Please Select One:

___ Regular Day Hours: 8:00a.m. – 4:00p.m. ___ Extended Day Hours: 7:00a.m. – 7:00p.m.
(\$25.00/wk)

Please select summer camp package:

___ 4-5yr old's: \$650.00

___ 6-12yr old's: \$900.00

___ Trips

PARTICIPANT INFORMATION:

Last Name _____ First Name _____ Home Phone: (____) _____

Home Address _____ State _____

Zip Code _____

Birth Date ____/____/____ Gender M F Participant Cell Phone: (____) _____

Was your child registered in our camp last year? Y N

Camp Shirt Size: _____

PARENT/GUARDIAN INFORMATION:

Name: _____

Relationship to student: _____

Gender: M F

Address: _____

City: _____ Zip Code: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Work Address: _____

E-mail Address: _____

Language(s) Spoken: _____

PARTICIPANT MEDICAL HISTORY:

Allergies: (foods, plants, medications etc.) Yes No (If yes, describe below.)

Behavioral/Emotional Issues Yes No specify _____

Physical Disabilities: Yes No Specify _____

Corrective Device: Yes No Specify _____

(E.g. glasses, hearing aid etc)

Diabetes: Yes No Management _____

Asthma Yes No Does your child use an inhaler? Yes No

Convulsions/Seizures Yes No

Other _____

SPECIAL HEALTH CARE NEEDS Yes No (If yes, describe below.)

MEDICATION: Yes No

Does your child take medication for any condition or illness? If yes, describe below.

If your child requires treatment and/or medication during program hours, please provide proper documentation & please be advised that your child must administer any medication(s) themselves!

ACTIVITY LIMITATIONS Yes No

Are there any activities your child cannot participate in? Describe below.

Registration Fee of \$40.00 for **new comers** and \$20.00 for **returning campers** and initial deposit of \$200.00 are due by June 28,2019 with signed registration packet. Final payment is due by Monday July 1st,2019. Full payment is needed for your child to attend our 1st day of camp **NO EXCEPTIONS**. Payments can be made by credit or debit card @littlepeopledaycare.org by following prompts to make payment, payment confirmation must be e-mailed to littlepeoplelearningcenter20@gmail.com with child/children's name(s) in subject line. Postal money orders or certified bank checks payable to Little People Daycare are also accepted. Personal checks will not be accepted!

Your child's updated health records; verified by a physician are also due by Monday July 3rd along with final payment to guarantee a spot in the camp.

Please initial and sign the following

____I certify that all the information in this Summer Camp

Registration packet is correct to the best of my knowledge (I agree to inform the Camp

Director of any changes in address, home, work or emergency telephone number

Immediately after these changes occur).

____I understand that there are no refunds, except in the case of a documented medical excuse preventing my child from participating in camp or other extenuating circumstances. All requests for a refund must be submitted in person to the office by Friday June 28th, 2019.

Parent/Guardian Name (Print): _____

Signature: _____ Date: _____

This camp is licensed by the New York City Department of Health and Mental Hygiene

Trip Date	Trip Destination & Complete Address	Mode of Transportation	Activities (Include Hours for Swimming)	Parental Consent
July 10th	Adventure Land 2245 Broadhollow Rd Farminedale NY 11735	Bus	Rides	Yes <input type="checkbox"/> No <input type="checkbox"/>
July 17th	Frogs, Bugs & Insects ON SITE		Hands on Learning	Yes <input type="checkbox"/> No <input type="checkbox"/>
July 31st	Rye Playland 1 Playland PKWY Rye NY 10580	Bus	Rides	Yes <input type="checkbox"/> No <input type="checkbox"/>
Aug 6th	Regal Cinemas	Bus	Movies	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Parental Consent

I, _____, the parent/legal guardian of _____,

(Parent Name) (Camper Name)

_____ hereby give permission for him/her to participate in these trips and activities.

(Camper age)

Signature: _____ Date: _____