



Location: Little People Learning Center 216-02 137th Avenue Springfield Gardens, NY

LITTLE PEOPLE SUMMER CAMP 2018 REGISTRATION FORM

JULY 2– AUGUST 10, 2018
Full completion of this form is Mandatory to participate.

Please Select One:

___ Regular Day Hours: 8:00 a.m. – 4:00p.m.

___ Extended Day Hours: 7:00a.m. – 7:00p.m. \$25/wk.

CHILD INFORMATION

Last Name _____ First Name _____

Home Phone: (____) _____

Home Address _____

State _____ Zip Code _____

Birth Date ____/____/____ Gender M F

Student Cell Phone: (____) _____

General Information:

Were you registered in our camp last year? Y N

Do you plan to register more than one sibling? Y N

Camp Shirt Size: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian

Name: _____

Relationship to student: _____

Gender: M F

Live in same home? Yes No

If *no*, please complete the following:

Address: _____

City: _____ Zip Code: _____

Home Phone: (_____) _____

Work Phone: (_____) _____

Cell Phone: (_____) _____

Work Address: _____

City: _____ Zip Code: _____

E-mail Address: _____

Language (s) Spoken: _____

CHILD HISTORY

PLEASE PROVIDE YOUR CHILD'S MEDICAL HISTORY

Allergies to Food/ Plants Yes No Specify

Allergies to Medicine Yes No Specify

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

Does your child have special health care needs that require treatment and/or medication? If yes, describe below.

If your child requires treatment and/or medication during program hours, please provide the proper documentation. **(Your child must administer any medicine themselves; Little People Daycare staff does not administer medicine).**

MEDICATION Yes No

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

If your child requires medication during program hours, Please provide the proper documentation. (Your child must administer any medicine themselves; Little People Daycare staff does not administer medicine).

ACTIVITY PARTICIPATION Yes No

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

PAYMENT INFORMATION

Full payment is required upon registration for Regular Day 8:00a.m. – 4:00p.m. or Extended Day 7:00a.m. – 7:00p.m. Registration Fee of \$50. The child(rens) updated medical form is due at this time **to guarantee a spot in the camp.** Payment can be made by credit card or debit card @ littlepeople-daycare.org, postal money order or a certified bank check payable to Little People Daycare. **No Personal Checks.**

 I take full responsibility that all the information in this Summer Camp Application is correct to the best of my knowledge (I agree to inform the Camp Director of all changes in address, home, work and 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. All such requests for a refund must be submitted in writing by June 22,2018.

Parent/Guardian Name (Print): _____

Relation to Child: _____

Parent/Guardian Sigture: _____ Date: _____

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

