



Clover Presbyterian Preschool Summer Camps  
2024 Registration Form

Child's name: \_\_\_\_\_

DOB: \_\_\_\_\_

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

Age as of June 1st: \_\_\_\_\_

1. Parent/Guardian \_\_\_\_\_

Cell Phone \_\_\_\_\_

2. Parent/Guardian \_\_\_\_\_

Cell Phone \_\_\_\_\_

### Camp Options

Age requirements: 2 years to rising 1st grade

\_\_\_ June 3-6 "Under the Sea"

\_\_\_ June 10-13 "Welcome to the Jungle"

\_\_\_ June 17-20 "The Great Outdoors"

\_\_\_ June 24-27 "Color Wars"

\*Each camp is \$140.00\*

\*Camp is from 8:30-12:30pm Mon-Thurs\*

\*Registration and Snack Fees are included in above price\*

#### Payment Policy

Full payment is due by May 1, 2024.

Payments can be made through Procure\*, check (payable to CPP) or cash

\*If paying through Procure, you may be subject to a \$5 convenience fee\*

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

## Child's Information

Does your child have any allergies or medical conditions that we need to be aware of?

\_\_\_\_\_

Name and Phone Number of Child's doctor: \_\_\_\_\_

### Authorization for Medical Information

I hereby grant permission for any staff person of Clover Presbyterian Preschool to take whatever steps necessary to obtain emergency medical treatment for my child. These steps include but are not limited to the following:

- \* Attempt to contact a parent or guardian
- \* Attempt to contact the parent through the emergency contacts listed below
  - \* Attempt to contact child's physician
- \* If we cannot contact you, we will call an ambulance or have the child taken to the emergency room in the company of a staff person in his/her personal vehicle.

I understand that I am responsible for any resultant medical treatment expenses.  
Emergency contact information when parents cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_

Is your child covered by personal/family medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of your insurer: \_\_\_\_\_ Policy/Group Number \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Authorization for Release

My child may be picked up by anyone other than myself or spouse, I will notify the teacher in writing or in case of emergency will call the preschool. I understand that anyone listed below may pick up my child provided the preschool has been notified by the parent.

These individuals must provide a picture ID.

1. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_

#### Email Address/Cell Phone Release

I grant permission to Clover Presbyterian Preschool staff members to distribute my email address or cell phone number to parents if asked: Yes \_\_\_\_\_ No \_\_\_\_\_

#### Photo & Video Release

We love to take pictures at Clover Presbyterian Preschool. We use them to create bulletin boards, CPC website, and to show the kids having fun, playing, and learning. We would like your permission to photograph/videotape your child for use in these projects. Photos will remain the property of CPP unless otherwise noted.

I give \_\_\_\_/do not give \_\_\_\_ my permission for photos to be taken for use in my child's class or individual projects, and preschool displays within the church.

I give \_\_\_\_/do not give \_\_\_\_ my permission for photos to be added to the private CPP FB Group. (Pictures of children's faces are never added to our public FB page.)

I give \_\_\_\_/do not give \_\_\_\_ my permission for photos to be added to the preschool website.

I give \_\_\_\_/do not give \_\_\_\_ my permission for any photo/video to be taken by preschool staff and included in marketing materials such as website, advertisements, etc. for the discretionary use for Clover Presbyterian Preschool.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date