WHITE OAK
Children's Academy

2026 Summer Program Registration Form

For office use:
Payment: _____
Date:_____
Program: C1 C2 C3 C4
C5 C6 C7 C8 BOOT

Child's Information *please fill out one form per child enrolled*

Child: _____ Date of Birth (mm/dd/yy):_____

Address:_____ Gender: Male or Female

City:_____ State:_____ Zip:_____

Preferred Phone: ( )_____ Preferred Email: _____

PROGRAMS	DAYS	TIMES	AGES	COST	X here
ARTS & CRAFTS CAMP	T,W,TH JUNE 2-4	9:00-12:00	3.5-6 years old	$110	
DRAMATIC PLAY PRETEND CAMP	T,W,TH JUNE 9-11	9:00-12:00	3.5-6 years old	$110	
MUSIC & MOVEMENT CAMP	T,W,TH JUNE 16-18	9:00-12:00	3.5-6 years old	$110	
WET N' WILD WATER CAMP	T,W,TH JUNE 23-25	9:00-12:00	3.5-6 years old	$110	
ALL ABOUT ANIMALS CAMP	T,W,TH JUNE 30-JULY 2	9:00-12:00	3.5-6 years old	$110	
STEM & SCIENCE CAMP	T,W,TH JULY 7-9	9:00-12:00	3.5-6 years old	$110	
EXPLORER NATURE CAMP	T,W,TH JULY 21-23	9:00-12:00	3.5-6 years old	$110	
KINDERBOOT CAMP	M-TH JUNE 29-JULY 9	9:00-2:00	children attending	$325	
~summer programs are pre-paid only. No refunds. Children MUST be completely potty trained.~				**TOTAL DUE**	

PLEASE CHECK ONE: ☐ Check/cash included ☐ Please send invoice via email

FAMILY INFORMATION

Parent 1 Name: _____Cell Phone:( )_____

Address:_____City/State/Zip:_____

Employer:_____Occupation:_____Work Phone:( )_____

Email:_____

Parent 2 Name: _____Cell Phone:( )_____

Address:_____City/State/Zip:_____

Employer:_____Occupation:_____Work Phone:( )_____

Email:_____

GENERAL INFORMATION

How did you hear about our preschool?_____

Does your child attended preschool or daycare? If so, where?_____

Primary language spoken at home?_____

Does your child get special services such as speech, OT, etc.?_____

MEDICAL INFORMATION

Child's Physician:_____Phone:( )_____

List any allergies including food allergies: _____

_____

Please list any other medical concerns or information about your child:_____

_____

EMERGENCY CONTACT INFORMATION

In case of emergency, list one person to call (if mother/father cannot be reached):

Name:_____Relationship:_____Phone:( )_____

Name:_____Relationship:_____Phone:( )_____

Name:_____Relationship:_____Phone:( )_____

RELEASE INFORMATION

The following adults have my permission to pick up my child from preschool (other than parents). We will only release your child to persons for whom you have given your WRITTEN permission. ***A phone call will not be enough (for safety issues).***

Name:_____Phone:_____Relationship:_____
Name:_____Phone:_____Relationship:_____
Name:_____Phone:_____Relationship:_____
Name:_____Phone:_____Relationship:_____
Name:_____Phone:_____Relationship:_____

_____**Authorization to seek emergency treatment.** In the event of a serious accident or illness befalls your child, White Oak will make every attempt to contact you and comply with your directions. If you and your emergency contacts cannot be reached, you give permission to transport your child to a local hospital for treatment by an on-duty emergency room physician. Please initial to above to give permission for the staff of White Oak to seek medical treatment in case of emergency.

_____Please initial at the left if you give your permission for your child to be photographed/videotaped for purposes of bulletin board displays, preschool programs, marketing materials, Facebook page or on website. I understand that none of these pictures will be labeled with my child's full name.

Payment is due upon registration. Checks should be payable to White Oak Children's Academy. All returned checks are subject to a $25 return check fee. Sessions are to be pre-paid. Space is limited. Payments are non-refundable.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE CHARGES AND PAPERWORK REQUIREMENTS:

Signature:_____ **Date:**_____