



2024 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
ART CAMP	T,W,TH JUNE 4-6	9:00-12:00	3.5-6 years old	\$105	
NATURE CAMP	T,W,TH JUNE 11-13	9:00-12:00	3.5-6 years old	\$105	
SCIENCE CAMP	T,W,TH JUNE 18-20	9:00-12:00	3.5-6 years old	\$105	
FUN & GAMES CAMP	T,W,TH JUNE 25-27	9:00-12:00	3.5-6 years old	\$105	
ART II CAMP	T,W,TH JULY 9-11	9:00-12:00	3.5-6 years old	\$105	
MUSIC & MOVEMENT CAMP	T,W,TH JULY 16-18	9:00-12:00	3.5-6 years old	\$105	
SENSORY CAMP	T,W,TH JULY 23-25	9:00-12:00	3.5-6 years old	\$105	
WATER CAMP	T,W,TH JULY 20-AUG 1	9:00-12:00	3.5-6 years old	\$105	
KINDERBOOT	T,W,TH JULY 9-AUG 1	9:00-2:00	children attending kinder fall of 2024	\$385	
<i>~summer programs are pre-paid only. No refunds. Children MUST be completely potty trained.~</i>				TOTAL DUE	

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: _____