



SUMMER CAMP ENROLLMENT

Please mail enrollment form along with a \$35 enrollment fee by June 18th!!
Jacobs Church, Little Lambs Preschool 8373 Kings Hwy, New Tripoli, PA 18066

Name of Child

Birth date

First MI Last Nickname

Address

Father/ Guardian Name

Home Phone

Address

cell/business phone

Mother / Guardian Name

Home Phone

Address

cell/business phone

Does your child have any known allergies? NO ___ Yes ___

Explain:

Does your child routinely take any medications? No ___ Yes ___

Explain:

How long has your child been potty trained _____ (**must be potty trained**)

Comments _____

Has your child previously attended preschool or group activity away from parents? _____

Home School District _____

Please give any information concerning your child which will be helpful in his/her experience in a social group setting (such as playing and eating habits, special fears, special likes/dislikes etc.)



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Emergency Contact Information

If neither father nor mother (or guardian can be contacted, call (please list relationship):

Name	Phone
Name	Phone

Would you be interested in volunteering as an aide for the summer camp program?

Yes _____ NO _____

If yes, any specifics dates you are or are not available?

Please list names of persons to which your child can be released (other than guardians)

Photo Release

Some of our planned activities and crafts include the use of photographs of the children at camp. Also, we may photograph the children participating in camp activities and post the photos on our class bulletin board for parents to view. We feel that this is a valuable part of your child's camp learning experience, developing self-awareness in them and keeping you up to date. Photos may also be posted on our preschool website.

*Yes, I give Little Lambs at Jacobs Summer Camp authorization to photograph my child and use the photos for the above purposes:

Parent Signature _____ Print Name _____

_____ No, I do not give permission for my child to be photographed.



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Parent Permission

We have planned activities for the children including outdoor play with/ with out outdoor play structures, learning and play opportunities in the activity center gymnasium.

Please sign below that you are aware of the special learning and play opportunities and that you give permission for your child to participate in them.

Parent Signature _____ Print Name _____

Parent Release

I agree to hold harmless from any liability whatsoever Jacobs' Church and all employees and volunteers in their capacities as representatives of Jacobs Church any accidental injury my child may sustain while participating in summer camp. I am familiar with the contents of this release and it is my intention by signing this release that the same be binding not only on me, but also on all other guardians of my child.

Parent Signature _____ Print Name _____