



Camp Registration

Child's Name: _____

Please complete this registration form and return with a **\$300** deposit by **May 1st, 2019**. This deposit will be applied to your total summer camp tuition. Spots will be filled on a first-come, first-serve basis. Should the respective session be filled, the deposit will be returned, and you will be added to a waitlist.

To attend camp, children **must** be between 3 and 5 years old and completely potty-trained.

PAYMENT IN FULL is due by **JUNE 1st, 2019**.

Camp runs from **9 a.m. to 4 p.m.** from **June 24th - August 16th**.

Extended Care runs from **8:15 a.m. to 6 p.m.** for an **additional flat rate of \$75/week**.

For each week, please select (X) Regular Day or Extended Day:

Regular Day	Extended Day	Session/Dates	Camp Rate	Extended Day Rate
		Week 1: June 24 – 28	\$385	\$460
		Week 2: July 1 – 5 *	\$308	\$368
		Week 3: July 8 - 12	\$385	\$460
		Week 4: July 15 - 19	\$385	\$460
		Week 5: July 22 - 26	\$385	\$460
		Week 6: July 29 - Aug 2	\$385	\$460
		Week 7: Aug 5 - Aug 9	\$385	\$460
		Week 8: Aug 12 - Aug 16	\$385	\$460

- Week 2 has been prorated (both regular day and extended day) to reflect no camp on July 4.

***PLEASE NOTE: ALL PAYMENTS INCL. DEPOSIT FOR REGISTERED FAMILIES ARE NON-REFUNDABLE**



Camp Registration & Contact Information

Child's Name: _____ Age: ____ Date of Birth: _____

Address: _____

Telephone: _____

Parent 1's Name: _____

Parent 1's Work Phone & Cell: _____

Parent 1's Signature & Date: _____

Parent 2's Name: _____

Parent 2's Work Phone & Cell: _____

Parent 2's Signature & Date: _____

Email address: _____

For a successful registration, please submit the following by email or mail to school address (Attn: Summer Camp Directors):

- Completed and **signed Camp Registration & Forms** (as included herein)
- Your child's updated **Universal Health Form & Immunization Record** as issued by your health provider
- **Signed GPC Summer Camp Handbook** (to follow after completed registration)
- **Camp deposit payment***

*Payments can be made via PayPal to gardenpreschooltreasurer@gmail.com or by check (payable to *Garden Preschool Cooperative*)

In case of any questions, please contact us at summercamp@gardenpreschool.org



Field Trip Permission for GPC Summer Camp 2019

To the Garden Preschool Cooperative:

I hereby give my child, _____ permission to go on school field trips within walking distance of the school. This general permission form covers all field trips for which walking, and only walking, will be the mode of transportation.

Name of Parent (please print): _____

Signature of Parent or Legal Guardian*

Date

*I understand that if I do not give permission, I have the option of attending the walking field trip with my child.



Emergency Contact Form

Emergency contacts who can assume responsibility, including authorization for pick-ups, for your child in the event parents or guardians cannot be reached. At least one contact must be within 20 minutes of the school. If these contacts are unknown to our staff, they must present a photo ID.

Emergency Contact Name: _____

Relationship to Child: _____

Home Phone/ Cell Phone: _____

Home Address: _____

Emergency Contact Name: _____

Relationship to Child: _____

Home Phone/ Cell Phone: _____

Home Address: _____

Emergency Contact Name: _____

Relationship to Child: _____

Home Phone/ Cell Phone: _____

Home Address: _____

Authorization for emergency medical care and transportation:

In the event of an emergency, I hereby give my permission for Garden Preschool Cooperative staff to access emergency medical services for my child, incl. transport to the nearest health care facility to receive emergency medical or surgical care treatment. It is understood that a conscientious effort will be made to locate me and I accept the expense of care and transport.

Signature Parents/Guardian & Date: _____



Dismissal Authorization Form

Date: _____

Child's Name: _____

I hereby give the Garden Preschool Cooperative permission to release my child to the following named individuals (please include 3 local contacts):

Contact Name: _____

Relationship to Child: _____

Home Phone/ Cell Phone: _____

Home Address: _____

Contact Name: _____

Relationship to Child: _____

Home Phone/ Cell Phone: _____

Home Address: _____

Contact Name: _____

Relationship to Child: _____

Home Phone/ Cell Phone: _____

Home Address: _____



Medical Administration Authorization Form

Date: _____

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____

I hereby authorize Garden Preschool Cooperative staff to administer the following upon the setting of fever (temperature greater than 100.4 F), headache or pain from injury:

Please circle all options that apply based on weight/age of your child

Children's Acetaminophen (Tylenol): 160mg/5ml elixir*:

- Weight 24-35 lbs.: 160mg (5ml or 1 tsp) every 6 hours
- Weight 36-47 lbs.: 240mg (10ml or 1.5 tsp) every 6 hours
- Weight 48-59 lbs.: 320mg (12.5ml or 2 tsp) every 6 hours
- Other: _____

Children's Ibuprofen (Motrin): 100mg/5ml elixir*:

- Weight 24-35 lbs.: 100mg (5ml or 1 tsp) every 8 hours with food
- Weight 36-47 lbs.: 150mg (10ml or 1.5 tsp) every 8 hours with food
- Weight 48-59 lbs.: 200mg (12.5ml or 2 tsp) every 8 hours with food
- Other: _____

*measuring syringes, not teaspoons, will be used to accurately dispense medications.



Photo/Image/Video Permission Form (1/2)

Child's Name: _____

During the summer, students are photographed participating in class projects and events. These photos may be used in the school's newsletters, social media pages (Facebook and Instagram), brochures and on the school's website.

Class activities also may be photographed or videotaped and shown during special school events or during Board and/or Parent meetings.

Please complete the form below to grant permission to include your child's image in these types of school-based publications and videos.

We understand that information about your child is personal, and we are committed to protecting the privacy of that information.

Please check off all boxes in categories for which you do give authorization to GPC.

USE AND DISCLOSURE COVERED BY THIS AUTHORIZATION

I, _____, hereby authorize Garden Preschool Cooperative (GPC), teachers, parent staff of GPC, or a representative of GPC, to use, reproduce, and/or publish my child's, photographs and/or video that may pertain to him/her - including his/her image, likeness and/or voice, as well as details/stories of his/her accomplishments (as relating to GPC) without compensation.

I understand and agree that this material may be used in the following areas (check all that apply):

I understand that once posted on the internet, material can be shared and seen by the general public.

- GPC's website and e-newsletter
- GPC's Facebook page and other social media outlets
- GPC's presentations including Power Point and Videos
- GPC Fundraising
- GPC's Recruitment Materials

*The purpose of all information shared will be to inform the public about GPC and its programs and to train and educate staff and families.



Photo/Image/Video Permission Form (2/2)

By signing this authorization form, you authorize the use or disclosure of your child's name and/or image.

You have a right to refuse to sign this authorization.

I have read this form and all of my questions pertaining to this form have been answered. By signing below, I acknowledge that I have read and accept all of the above and acknowledge that this authorization form is valid for the GPC Summer Camp 2019 season (June 24th – August 16th, 2019).

Signature of Parent/Guardian

Date

*This authorization may be withdrawn prior to the end of summer camp, but only by the specific rescission of this authorization by the individual signing this form.