



2024 SUMMER CAMPS

CAMP NAME	DATES	PRICE	TOTAL COST
Adventureland	June 03-07	\$125	
Olympics	June 10-14	\$125	
Myths and Legends	July 08-12	\$125	
Little Sprouts' Got Talent	July 22-26	\$125	
Splish Splash	August 05-09	\$125	
Time Travelers	August 19-23	\$125	

CHILD INFORMATION

Child's Name: _____

Child's Date of Birth: _____ Age: _____ Please Circle: Male Female

Home Address: _____

FAMILY INFORMATION

Child Lives With: _____

Parent/Guardian's Name: _____ Relationship to Child: _____

Place of Work: _____ Work Phone: _____ Home/Cell Phone: _____

Preferred Email Address: _____

Parent/Guardian's Name: _____ Relationship to Child: _____

Place of Work: _____ Work Phone: _____ Home/Cell Phone: _____

Preferred Email Address: _____

CONTACTS

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Is there anyone who is NOT authorized to pick up this student from Little Sprouts Preschool? Yes No (circle one)

If YES, who may NOT pick up this student? _____

EMERGENCY MEDICAL CARE INFORMATION

Physicians Name/Practice: _____ Office Phone: _____

Dentist Office: _____ Office Phone: _____

Hospital Preference: _____ Phone: _____

Insurance Carrier: _____ Group/Policy Number: _____

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional.

Is there a Medical action plan attached? Yes ___ No ___ (Medical action plan must be updated on an annual basis and when changes to the plan occur)

List any allergies and the symptoms and type of response required for allergic reactions. _____

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns.

List any particular fears or unique behavior characteristics the child has. _____

List any types of medication taken for health care needs. _____

Share any other information that has a direct bearing on assuring safe medical treatment for your child: _____

I, as the parent/guardian, authorize Little Sprouts @ Six Forks Preschool to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian: _____ Date: _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator: _____ Date: _____

ADDITIONAL INFORMATION AND PERMISSIONS

Little Sprouts at Six Forks' summer camps are from 9:30-1:30. All children bring their own lunch and healthy snack from home each day.

Signature of Parent/Guardian: _____ Date: _____

Photography:

I **permit / do not permit (Please circle one)** Little Sprouts Preschool to share images of my child with the class and school via ProCare; which is invitation only. I understand my child's name will not be published with any photos.

_____(initial)

I **permit / do not permit (Please circle one)** Little Sprouts Preschool to share images of my child with the school and public via social media and the Little Sprouts Preschool website. I understand my child's name will not be published with any photos.

_____(initial)