

GOOD SHEPHERD CREATIVE PLAY  
**SUMMER CAMP**  
112 N MAIN STREET  
PEARL RIVER, NY 10965  
845-735-2737  
www.goodshepherdcreativeplay.com

<u>OFFICE USE ONLY</u>	
DATE REGISTRATION RECEIVED _____	Check # _____
BALANCE TO BE PAID _____	Check# _____
MEDICAL ON FILE _____	

**REGISTRATION FOR CREATIVE PLAY SUMMER CAMP 2023**

(Please check the week(s) you wish for your child to attend summer camp)

- |   |  |
|---|--|
| Week #1: July 3 <sup>rd</sup> - 7 <sup>th</sup> _____   | Hooray for the U.S.A. (closed July 4 <sup>th</sup> ) |
| Week #2: July 10 <sup>th</sup> - 14 <sup>th</sup> _____ | Blast off to Space                                   |
| Week #3: July 17 <sup>th</sup> - 21 <sup>st</sup> _____ | Exploration of Animals (farm, safari, rainforest)    |
| Week #4: July 24 <sup>th</sup> - 28 <sup>th</sup> _____ | Splish Splash Water Week                             |

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Gender: \_\_\_\_\_

Child's Date of Birth (month/day/year): \_\_\_\_\_

Child's address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary phone #: \_\_\_\_\_

Primary E-Mail Address: \_\_\_\_\_

Mother/Guardian Information

Father/Guardian Information

Name (First/Last): \_\_\_\_\_ Name (First/Last): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Tel. #: \_\_\_\_\_ Work Tel. #: \_\_\_\_\_

Work hours: \_\_\_\_\_ Work hours: \_\_\_\_\_

Is your child enrolled in our Creative Play Preschool Program? Yes or No

Does your child have any allergies or medical issues we need to be aware of? If yes, please list and explain:

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

If parent(s)/guardian cannot be contacted, notify: (We **MUST** have this information on file)

**Primary** Emergency Contact:

Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Secondary** Emergency Contact:

Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**PHYSICIAN INFORMATION:**

Child's physician: \_\_\_\_\_ Tel. #: \_\_\_\_\_

I \_\_\_\_\_ as parent/guardian of \_\_\_\_\_  
(Print name) (Print child's name)

Hereby give permission for a hospital/doctor/EMS tech. to administer first aid to my child in the case of an emergency in the event that I cannot be contacted. I will allow the officers of Good Shepherd Creative Play and the hospital to exercise professional judgment for the care and treatment of my child.

\_\_\_\_\_  
Parent/Guardian Signature Date

**PHOTO PERMISSION:**

We at Good Shepherd Creative Play would like to capture some of the happy memories and experiences your children will have with us during class time. Therefore, we wanted to inform you of Creative Play's Student Picture Usage Policy. As part of the ongoing recording of Creative Play programs, we will take photographs of the children during their play. All photographs of children will be taken and used in accordance with the schools policy, which requires our staff to exercise professional judgement regarding the suitability of images and their use. These photos may be used on the schools website and or our social media page. No names or other identification will be used.

Please sign below to give or not to give permission to have your child included in these pictures:

I **give** permission for my child's picture to be taken

I **do not** give permission for my child's picture to be taken

\_\_\_\_\_  
Parent/Guardian Signature Date