

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 2024

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

- | | | |
|---|-------|-------------------------|
| Week #1: July 8 th – 12 th | _____ | Island Adventures |
| Week #2: July 15 th – 19 th | _____ | Welcome to the Carnival |
| Week #3: July 22 nd – 26 th | _____ | Wild West, Yeehaw |
| Week #4: July 29 th – Aug. 2 nd | _____ | Summer Olympics |

Child's Last Name: _____ Child's First Name: _____

Name child prefers to be called: _____ Gender: [] Male [] Female

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? Y or N

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 if 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 school's policy, which requires our staff to exercise professional judgement regarding the suitability of images and their use. These photos may be used on the school's 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**