

Registration and Emergency Contact Info

CHILD'S NAME _____

Date of Birth _____ Age _____ Phone # _____

Address _____

Allergies/Dietary Restrictions _____ Medications _____

DOCTOR'S NAME _____

Phone # _____

Address _____

HEALTH INSURANCE _____**POLICY #** _____**PARENT/GUARDIAN'S NAME** _____

Phone # _____

Address _____

Employer _____ Work Phone # _____

Work Address _____

Email _____

PARENT/GUARDIAN'S NAME _____

Phone # _____

Address _____

Employer _____ Work Phone # _____

Work Address _____

Email _____

PRIMARY EMERGENCY CONTACT INFORMATION IN ORDER OF PREFERENCE:

Name _____ Phone # _____

Address _____ Relation To Child _____

Name _____ Phone # _____

Address _____ Relation To Child _____

Name _____ Phone # _____

Address _____ Relation To Child _____

Name _____ Phone # _____

Address _____ Relation To Child _____

MY CHILD CAN BE PICKED UP BY THE FOLLOWING PEOPLE:

Name _____ Phone # _____

Address _____ Relation To Child _____

Name _____ Phone # _____

Address _____ Relation To Child _____

PARENT SIGNATURE REQUIRED FOR EACH ITEM BELOW:

Obtaining Emergency Medical Care _____

Admin. Of First-Aid Procedures _____

Walks and Trips _____

Swimming _____

Transportation by Facility _____

Wading _____

Parent Signature _____**Date** _____

Summer Camp registration fee is \$50.00 per child and is non-refundable.

Flying Hills Pool Fee TBD

SUMMER CAMP TUITION AGREEMENT

CHILD'S NAME _____ DOB _____

I would like to enroll my child for the following days.

<input type="checkbox"/> 5 Full Days	<input type="checkbox"/> 5 Half Days	<input type="checkbox"/> Monday
<input type="checkbox"/> 4 Full Days	<input type="checkbox"/> 4 Half Days	<input type="checkbox"/> Tuesday
<input type="checkbox"/> 3 Full Days	<input type="checkbox"/> 3 Half Days	<input type="checkbox"/> Wednesday
<input type="checkbox"/> 2 Full Days	<input type="checkbox"/> 2 Half Days	<input type="checkbox"/> Thursday
<input type="checkbox"/> 1 Full Day	<input type="checkbox"/> 1 Half Day	<input type="checkbox"/> Friday

Arrival Time _____ Departure Time _____ (10hrs max/day!)

We will be on vacation the following week(s) _____

Your contracted tuition fee is \$_____ per week from Monday, June 10, 2024 through Friday, August 16, 2024. This fee is due on Monday of each new week. Additional days may be added only with advance notice and if space allows, at a rate of \$35/half day and \$50/full day for preschool/school age children. **Your weekly rate will not be adjusted due to absence, illness, holidays or vacations. Full time students enrolled 5 full days (September through August) will be permitted one week of unpaid tuition per calendar year. Please notify us in writing of this week.**

There is a late pick-up fee of \$10.00/10 minutes per child picked up after 6:00 PM. Please note that we staff according to ratios. We must approve schedule changes in advance for your child to assure we have adequate staffing to provide quality care for every child.

There is a two week notice required for withdrawing your child. **Your child will not be admitted to class if you fail to pay for two consecutive weeks.** To be readmitted, you must meet with the Director and make payment in full or other satisfactory arrangements. If your check is returned due to insufficient funds, a \$45 surcharge will be added to your bill.

Summer camp is for children 3 years and up who are fully potty trained, no exceptions! Children will be required to pass a swim test. Children **WILL BE REQUIRED** to wear a puddle jumper if they do not pass the swim test or the lifeguard deems it necessary for safety reasons. Swim schedule and registration fee to be determined at a later date. Children will also participate in Yoga on Mondays with Ms. Amy. This fee is included with your tuition. Any field trips that are scheduled, including bowling, entry fees will be the responsibility of the parent and due prior to the trip.

I have read the regulations regarding tuition payment procedures and agree to abide by them.

Parent's Signature _____ Date _____

Director's Signature _____ Date _____

****Designated pick up people located on Emergency Contact Sheet****

Date of Child's Admission	Periodic Review Parent/Guardian Signature	Date
Date of Withdrawal	Periodic Review Parent/Guardian Signature	Date

Flying Hills Preschool Pool Rules

Dear Parents,

Summer camp is right around the corner! We want make sure everyone is aware of what we require to have a safe summer at the pool. Please read and sign your name to this form and return ASAP to acknowledge that you and your family are aware of our pool rules and regulations.

- Swimming is a privilege. All children must adhere to their group's rules. If children are inhibiting the safety of the group or others, they will not be permitted to accompany us to pool the next day.
- All children must be **fully potty trained** to participate in the swimming program.
- All children in the younger class are required to wear a **PFD** (Personal Flotation Device). We will accept US Coastguard approved lifejackets or puddle jumpers. **NO** inflatable inner tubes or water wings.
- Children in the older group will be required to pass a test conducted by the lifeguards to determine if the child will need a **PFD** or if they will be permitted to swim in the deeper end.
- No toys are permitted to go to the pool unless specified in the newsletter or lesson plan.
- Please do not send money for snack bar or game room. Due to child/staff ratios, we will not be permitting children in these areas.
- The following items will be required –
 - A **dry** bathing suit and towel Tuesday, Wednesday, and Thursday.
 - Sunscreen to be left at school with teachers. Please apply sunscreen to child daily and we will reapply before we go to the pool.
 - **All items must be labeled in permanent marker.** Flying Hills Preschool is not responsible for lost or stolen items.

Please sign below and return with Summer Camp registration packet. Thank you!!!

Child's name _____

Parent signature _____ Date _____

Authorization for the Application of Sunscreen

I, _____, do hereby authorize Flying Hills Preschool staff to topically apply to my child, _____, the sunscreen listed below. I will hold Flying Hills Preschool and its staff harmless in the event of any adverse reaction resulting from the application of this sunscreen between the dates of ____/____/____ and ____/____/____.

Name of authorized sunscreen that I am providing: _____

Parent Signature: _____

Date: _____

Authorization for the Application of Bug Spray

I, _____, do hereby authorize Flying Hills Preschool staff to topically apply to my child, _____, the Bug Spray listed below. I will hold Flying Hills Preschool and its staff harmless in the event of any adverse reaction resulting from the application of this bug spray between the dates of ____/____/____ and ____/____/____.

Name of authorized bug spray that I am providing: _____

Parent Signature: _____

Date: _____