

Sash Labelle Early Learning Center

KIDS DAY CAMP REGISTRATION FORM

Participant Information

Child's Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Age: _____

Gender: ☐ Male ☐ Female ☐

Parent/Guardian Information

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Home Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

CAMP DATES

February	April	June	July	August
February 17 – 21	April 18 - 25	June 30 – July 4	July 7 – 11 July 14-18 July 21-25 July 28 – Aug 1	Aug 4 – 8 Aug 11 – 15 Aug 18 – 22 Aug 25 - 29

Preferred Session: (Check one)	Schedule TIME:	Session Dates <i>Choose your weekly dates from above</i>	Cost: Per Week Program
<input type="checkbox"/> Full-Day Camp	8:30 a.m. to 5:00 p.m.		\$200
<input type="checkbox"/> Half-Day Camp (Morning)	8:30 a.m. to 12:30 p.m.		\$100
<input type="checkbox"/> Half-Day Camp (Afternoon)	12:30 p.m. to 5:30 p.m.		\$100

Please NOTE:

Email a signed copy of this form to sashlabelle@outlook.com or support@sashlabelle.com

Once we receive this application form, you will be sent a payment request link to complete the application and secure a spot for your child. Please note that payment must be made **within 48 hours** of receiving the link, or your child's spot will be forfeited. **(Applications submitted by the end of February qualify for a 20% Early Bird Enrollment discount.)**

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Medical & Special Needs

Does your child have any allergies? __ Yes __ No

If yes, please specify: _____

Does your child have any medical conditions or special needs? __ Yes __ No

If yes, please specify: _____

Authorized Pick-Up

Name(s) of persons authorized to pick up the child:

1. _____

2. _____

Permissions & Waivers

__ I give permission for my child to participate in all camp activities.

__ I give permission for my child to be photographed for promotional purposes.

__ I understand that the camp is not responsible for lost/stolen items.

__ I acknowledge and accept the camp's policies and liability waiver.

Parent/Guardian Signature: _____

Date: _____