

Summer Camp 2010

Raleigh Moravian Preschool

Name _____

1816 Ridge Road

Age on 6/1/10 _____

Raleigh, NC 27607-6740

Phone: (919) 616-8873

Email: preschool@raleighmoravian.org

Registration for Summer Camp 2010

All classes meet 9:00 am-1:00 pm.

*Please check the week or weeks in which you would like your child enrolled.

	Wk 1 June 7-11	Wk 2 July 19-23
One's (must be at least 21 months by 6/1/10)	_____	_____
Two's	_____	_____
Three's	_____	_____
Four's	_____	_____

\$130 per week. Amount due at time of registering. Fee is non-refundable after April 30th, 2010.

Health History

Allergies: _____

Medical Conditions: _____

Child's Doctor: _____ Phone _____

Address: _____

Permission Release/Emergency Treatment:

I hereby give permission for the staff of Raleigh Moravian Preschool to administer general first aid, i.e. antiseptic cream and bandages. In the event of an illness or accident, which requires immediate treatment at a time when the parent cannot be located, I give permission for Raleigh Moravian Preschool personnel to authorize emergency treatment. I will not hold the center, or it's personnel, responsible. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, and other persons listed for emergency contact. In the event of a life-threatening emergency, immediate treatment will be obtained.

Hospital Preference: _____

Signed _____ Date _____

In addition, by the first day of camp an immunization history and the signed Parent Contract (acknowledgement of reading and understanding Raleigh Moravian handbook procedures and policies) are required.

Daily needs at Camp:

We will be outside daily please put sunscreen on before coming to camp if you would like protection from the sun.

On water days wear bathing suit and bring a towel as well as clothes and shoes to change into. Please label everything.

Bring a drinks and lunch daily.

Bring diapers and wipes if not potty trained.