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| For Office Use Only |
| Check # _____ Amount _____ |

There is a non-refundable family registration fee of \$40.00.
 This registration fee is due at the time of registration and is payable to DMUSD-Child Care.

Del Mar Union School District Summer Preschool Program Registration / Emergency Information

Child's Last Name _____

First Name _____ Sex: ___M ___F Birth date _____

First Name _____ Sex: ___M ___F Birth date _____

Home Phone _____ email: _____

Address _____ City _____ Zip _____

Mother's Name _____ Work Phone _____

Other Phone (Cell/Pager) _____

Father's Name _____ Work Phone _____

Other Phone (Cell/Pager) _____

Child resides with: _____

Emergency Phone Numbers (must be filled out completely)
Please list the name and phone number of persons (other than parents) authorized to take your child from the site. The persons listed below will also be contacted if the parents cannot be reached in the event of an emergency, illness, disaster, late pick up, etc.

Name _____ Phone _____ Phone _____

Name _____ Phone _____ Phone _____

Child's Physician _____ Phone _____

Note: You must provide your child's doctor with written permission to treat your child in the event of an accident or illness. This written permission must be on file with your child's doctor prior to treatment.

Does your child take medication: No Yes (Describe) _____

Please refer to the parent handbook for information on the administration of medication.

Does your child have any physical limitations? No Yes

(Describe) _____

Do you give permission for your child to be photographed? No Yes

Does your child have any allergies? No Yes Please List: _____

Please list any other information you would like us to know about your child: _____

We, (I) agree to inform the Del Mar Union School District Summer Day Camp Program in writing of any changes in the information that we have provided on this sheet. We, (I) agree to comply with all the policies of the Summer Day Camp Program. I have received and have read a copy of the policies for the Del Mar Union School District Summer Day Camp Program. I have provided my child's physician with written permission to treat my child in the event of an accident or illness.

Parent's Signature _____ Date _____