



## Elementary Summer Camp

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Child's date of Birth: \_\_\_\_\_ Grade completed: \_\_\_\_\_

**Hours of operation:** 7:00am-5:00pm **Drop off times:** 7:00am-8:25am **Pickup times:** must be scheduled.

**Schedule (There is a 3 day minimum please include pick up and drop off times):**

Monday	Tuesday	Wednesday	Thursday	Friday

**Please check boxes that apply:**

<input type="checkbox"/>	My child is a previous preschool student of the CEC.
<input type="checkbox"/>	My child is a previous summer camp student.
<input type="checkbox"/>	My child is new to Main Street.

Parent/Guardian Name	Phone number	Address

Emergency Contact (this person will be contacted IF we CANNOT reach a parent!)	Relation to child	Phone number

Approved Pickup	Relation to child	Phone number

Main Street CEC has my permission to take photographs of my child during school hours (Brightwheel, School website, or School Social Media) . \_\_\_\_\_Initial here

Main Street CEC has my permission to take my child out of the fenced play area during outdoor play times.  
\_\_\_\_\_Initial here

Does the child's family attend church on a weekly basis? \_\_\_\_\_ Church Name\_\_\_\_\_

### Medical information

Child's Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone Number \_\_\_\_\_

Policy # \_\_\_\_\_ Group# \_\_\_\_\_

Name of Insurance Holder \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Does child take medicine on a regular basis? \_\_\_\_\_ if yes, Name of medication \_\_\_\_\_

For what purpose? \_\_\_\_\_

Any medical restrictions we should be aware of? \_\_\_\_\_

Be specific \_\_\_\_\_

Childhood diseases \_\_\_\_\_

### Medical Release Form

Please complete the following information for your child.

**Child's Name:** \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_ (must choose **ONE**)

\_\_\_\_\_ Main Street CEC has my permission to seek emergency medical assistance for my child. (Please initial)

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Parent/Guardian Signature

Date

*Main Street Christian Education Center does not discriminate based upon religion, race, national origin, disability or gender. All applications will be reviewed based upon the information provided and any subsequent interviews. Main Street Christian Education Center reserves the sole right to approve an applicant.*

#### For Official Use Only

- ☐ Fee enclosed: \_\_\_\_\_
- ☐ Cash or Check # \_\_\_\_\_
- ☐ Date Rec'd: \_\_\_\_\_
- ☐ Application Approved

Administrator \_\_\_\_\_