



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:

	My child is a previous preschool student of the CEC.
	My child is a previous summer camp student.
	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)

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 _____