

# Kindergarten Readiness Camp

July 22 – August 2, 2019

## REGISTRATION FORM

### PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  Female  Male Age: \_\_\_\_\_

School District : \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ cel: \_\_\_\_\_

Parent email: \_\_\_\_\_

(Include area code with telephone)

 Please list ADA Accommodations needed: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Mother's day phone: \_\_\_\_\_ Father's day phone: \_\_\_\_\_

Mother's cell: \_\_\_\_\_ Father's cell: \_\_\_\_\_

Persons Authorized to pick up child: \_\_\_\_\_  
(Please provide a copy of their ID)

Emergency contact\*: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Specify any of your child's health problems: \_\_\_\_\_

Is your child on any medication? No Yes If so, please specify: \_\_\_\_\_

**Lunch:** If you will be sending your child's lunch, please be sure that your child's lunch is clearly marked with your child's name and last name. Refrigerators will be available for your child to store his/her lunch. Glass bottles/containers are not allowed.

### Contact Information

For more information, contact Ms. Margo Caswell  
(717)353-3614

Email: [mrcaswell@paconference.org](mailto:mrcaswell@paconference.org)

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DROP OFF AND PICK UP TIMES**

Drop off time:

- 8:45AM

Pick up time:

- 1:00PM

**REQUIRES PARENT'S SIGNATURE:**

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child \_\_\_\_\_ as they may deem advisable.

Parent/Legal guardian name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Allergies \_\_\_\_\_

Student Medical Problems \_\_\_\_\_

Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy number \_\_\_\_\_

Who is financially responsible for the student? \_\_\_\_\_

I hereby give permission to **York Adventist Christian School**, to photograph and/or videotape the student for educational or promotional purposes. \_\_\_\_\_ (Initial)

**PARENT STATEMENT**

I hereby state that (camper's name) \_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **York Adventist Christian School**.

I understand that **York Adventist Christian School**, has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.), and that **York Adventist Christian School**, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_