

Daytime Playtime 2018 Summer Camp Enrollment Form

Please fill out this form and mail with payment to the address listed on the bottom of this page.

| | | |
|-------------------------------------|------------------------------|-----------------------|
| Parent's name | | DTPT Client? YES / NO |
| Child's name | Birth date / / | |
| Street address City, State & Zip | | |
| Home Phone Number | Cell: | |
| Email Address | | |
| Emergency Contact Name & Number | Relationship to child: | |
| Any known allergies | | |

Week ONE June 11th-15th:

Pirates & Mermaids ___ AM 9:00 - 12:00 Blooming A Garden ___ PM 12:30 - 3:30

Week TWO June 18th-22nd:

Gone Camping ___ AM 9:00 - 12:00 Up-cycle Art ___ PM 12:30 - 3:30

Week THREE June 25th- June 29th:

Concoctions Galore ___ AM 9:00 - 12:00 A Bug's Life ___ PM 12:30 - 3:30

Week FOUR July 9th - 13th:

Outer Space ___ AM 9:00 - 12:00 Silly Monsters ___ PM 12:30 - 3:30

Week FIVE July 16th - 20th:

Life Under the Sea ___ AM 9:00 - 12:00 Super Heroes ___ PM 12:30 - 3:30

Week SIX July 23rd - 27th:

Enchanted Forest ___ AM 9:00 - 12:00 Princesses & Knights ___ PM 12:30 - 3:30

Week SEVEN July 30th - August 3rd:

DTPT Book Club/Famous Characters ___ AM 9:00 - 12:00 Dino Mania ___ PM 12:30 - 3:30

Week EIGHT August 6th - 10th:

Back to School Kick Start ___ AM 9:00 - 12:00 Back to School Kick Start ___ PM 12:30 - 3:30

AM Camp 9:00 am to 12:00pm Pm Camp 12:30pm to 3:30pm

Camps Prices = \$45 drop in fee, \$85 2 days, \$125 3 days, \$156 4 days, \$185 5 days, \$296 Full 5 days

If you sign up and pay for more than 2 camps at once you will receive a 5% discount.

14680 Gap Way. Gainesville, VA 20155

703.754.8463 www.daytimeplaytime.com info@daytimeplaytime.com

Emergency Medical Information & Authorization Form

| | | |
|---|-------|--------|
| Child's Name & Birth Date | | |
| Parent's Names | | |
| Address | | |
| Home Phone Number(s) | | |
| Cell Phone Number(s) | Mom | Dad |
| E-mail address | | |
| Family Physician | Name: | Phone: |
| List any allergies or medical conditions | | |
| Current medication including inhalers: | | |
| Restrictions / Limitations on activities: | | |
| People allowed to pick up your child (staff must be notified prior to pick up and they will be asked for a photo ID) | | |
| People WHO ARE NOT allowed to pick up your child | | |
| Additional comments or concerns | | |

In the unlikely event of emergency or in case school must be dismissed early, we will contact you at the number(s) provided. **If neither parent can be reached, please list the name and number of two ADDITIONAL people that can be contacted and will be able to pick up your child.**

| | | |
|---|-------------------|----------|
| Emergency Contact #1: Relation to the child | Name: Address: | Phone #: |
| Emergency Contact #2: Relation to the child | Name: Address: | Phone #: |

Summer 2018 Policies and Procedure Acknowledgement Form

The undersigned hereby acknowledges that he/she has read, understands and agrees to the Daytime Playtime Preschool Policies and Procedures for the 2018 Summer Camps. In the event that the undersigned and/or his/her child does not follow the above stated Policies and Procedures, Daytime Playtime, reserves the right to withdraw your child from the program and the undersigned may be financially liable for any intentional wrongdoing.

Must be signed by parent or legal guardian of enrolled child

date

Printed Name of parent or legal guardian

Enrolled Child's Full Name

Please read carefully the following agreements and initial each of them.

PHOTOGRAPH AUTHORIZATION

I, _____, (please circle one) **give** or **do not give** the staff at Daytime Playtime permission to photograph my child and post his/her picture on the school website or Facebook page.

EMERGENCY TREATMENT AUTHORIZATION

I, _____, hereby grant Daytime Playtime, its teachers / directors or other employee or agent, authority to obtain emergency medical treatment for and on behalf of my child listed on this form. I authorize the providers of emergency medical care to take such steps as in their opinion are appropriate, considering the present state of medicine and in accordance with applicable standards of care.

I, _____, agree that in the case my child becomes ill while at school. My child will be picked up within an hour of notification from the center.

I, _____, agree to inform the center within 24 hours or the next business day after my child or any member of my immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Parent or Legal Guardian's Signature

Date

| | | | | |
|-------------|---------------------|--------------|----------|-------|
| Office Use: | Client / Non-Client | Amount Paid: | Check #: | Date: |
|-------------|---------------------|--------------|----------|-------|