Trinity Preschool’s Fine Arts Camp will be held Tuesday, May 30-Friday, June 2 from 9AM-12PM. The camp is for students between the ages of 2.5-5 years old who are potty trained (no pull-ups). Students must have a completed registration form, birth certificate, and immunization record on file to attend. Forms may be dropped off in-person M-TH between 9AM-3:30PM or emailed to the Director at trinitypreschoolvb@gmail.com. There is a $50 registration fee that is required in order to reserve your child’s spot. Payment forms include PayPal, check, or cash. The cost of the camp is $100 and is to be paid by May 1st or the child’s spot will be forfeited. Registration fees are non-refundable. Camp costs can be refunded up until May 1st with a notice in writing that you are withdrawing your child from the camp. Camp is limited to 24 students.

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**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Child’s Birthdate:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information:**

|  |  |  |
| --- | --- | --- |
|  | **Parent/Guardian 1** | **Parent/Guardian 2** |
| **Name:** |  |  |
| **Cell Phone:** |  |  |
| **Work Phone:** |  |  |
| **Email:** |  |  |

**Emergency Contact- In case of an emergency, please contact parent first, then:**

|  |  |  |
| --- | --- | --- |
|  | **Emergency Contact 1** | **Emergency Contact 2** |
| **Name:** |  |  |
| **Phone:** |  |  |
| **Relationship** **(to child):** |  |  |
| **Address:** |  |  |

**Student Medical/Physical Information:**

|  |  |
| --- | --- |
| Does your child have allergies and/or asthma? (circle one) Yes/No | If yes, please list: |
| Does your child require emergency medication for allergies/asthma? (circle one) Yes/No\*If yes, please include signed doctor’s orders and healthcare plans. Along with the emergency medications, these must be on file for your child to attend camp. | Please list/explain any other health conditions: |

**Pick-Up Authorization:** Please list the names of all persons other than the parents/guardians that are allowed to pick your child up. All unfamiliar persons will be required to present a photo ID.

|  |  |
| --- | --- |
| Name: | Relationship to Child: |
| Name: | Relationship to Child: |

**Persons not authorized to pick-up my child:**

|  |  |
| --- | --- |
| Name: | Relationship to Child: |
| Name: | Relationship to Child: |

|  |  |
| --- | --- |
| **Photo Release:** I hereby give Trinity Preschool permission to take photos and videos of my child and post them on Trinity’s website, social media accounts, or messaging apps such as Seesaw. I release them from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the child listed on this form. | Initial and Date: |
| **First Aid Release:** I hereby give Trinity Preschool permission to administer basic first aid to my child such as cuts and bumps (e.g., clean with soap, Band-Aid, apply ice). If anything outside of basic first aid care is needed, the parent/guardian will be notified immediately, and emergency services will be contacted if necessary. First Aid, CPR, and AMAT trained staff will be onsite. | Initial and Date: |

**Please use this space to let us know any other important information about your child.**

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| --- |
|  |

**Parent Agreement/Disclosure:**

I give permission for my child to attend Trinity Preschool’s Fine Arts Camp and participate in all activities including creative movement, music, visual art, snack, and outside time. My child is potty-trained and able to care for his/her own toileting needs. I acknowledge that pick-up is between 11:55-12:00PM and that late pick-up will incur a charge of $10 for every 10 minutes late. If my child is not a current student of Trinity Preschool, I have provided a copy of my child’s birth certificate, immunization record/exemption, and any other necessary health information to the Director. All information on this form is accurate and up to date. If any information changes, it is my responsibility to contact the Director.

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**