

LOTUS PRESCHOOL & STUDIO
SUMMER CAMP ENROLLMENT

Today's Date: _____

Child's Name: _____

Date of Birth: _____ Gender: M F

Current Age: _____

GENERAL

Address (City, State, Zip):

Parent Name: _____

Phone W or C: _____

Email Address: _____

Are you okay with text?: Y N

Parent Name: _____

Phone W or C: _____

Email Address: _____

Are you okay with text?: Y N

GENERAL INFORMATION

Is there anything we should aware with your child's play with their peers or alone?

How would you describe your child's temperament and personality?

What soothes your child?

What frightens your child?

Does your child have any allergy or take any medications?

ENROLLMENT INFORMATION

CAMP REQUESTED (AGES 3-6):

Preschool(2 day)
Tuesday & Thursday

Preschool (5 day)
Monday & Friday

SUMMER SESSIONS: 9AM-12PM (PLEASE CHECK ALL THAT APPLY)

June 11, 2018- August 10th, 2018

- Tuesday/ Thursday

June 12 & 14

June 19 & 21

June 26 & 28

- July 10 & 12
- July 17 & 19
- July 24 & 26
- July 31 & August 2
- August 7 & 9

- Monday-Friday

- June 11-15
- June 18-22
- June 25-29
- July 9-13
- July 16-20
- July 23-27
- July 30-August 3
- August 6-10

FEES

*REGISTRATION FEE \$20

- Returning campers: \$25/day (total of 8 weeks)
- New campers: \$27/day (total of 8 weeks)
- (5) day punch card: \$130 (must enroll in specific dates with a one week minimum notice)

Payments for camp are split up into monthly payments, invoices due on the 5th of the month.

Snack will be provided to all of our campers and they are welcome to bring a lunch if this is around their lunch time.

*\$20 registration fee due at time of enrollment

A registration fee of \$20.00 (nonrefundable, one time fee) has been paid to reserve a position for my child for the preschool (ages 3-6 years) summer camp.

Signature of Parent / Guardian _____

Date _____

Check # _____ Cash Payment _____ Credit _____ Date _____

LOTUS PRESCHOOL & STUDIO
EMERGENCY MEDICAL AUTHORIZATION

I agree, and by my signature give consent that in case of an accident, injury or illness of a serious nature, my child will be given emergency medical care. I understand that I will be contacted immediately, or as soon as possible, should I be away from the phone numbers given with this form.

Child's Name: _____ Date of Birth: _____

Allergies: _____

Child's Physician*: _____ Phone: _____

Address/City/State/Zip: _____

Child's Dentist*: _____

Phone: _____

Address/City/State/Zip: _____

*If the name of a physician and/or dentist is not provided, Lotus Preschool & Studio's consulting physician and/or dentist (Dr. John Rice, M.D., Dr. Deanna O'Neil, D.D.S.) will be listed for you until you provide an alternate physician and/or dentist.

If, in an emergency, your child's regular doctor cannot be reached, may we use John Rice, M.D., the consulting physician for Lotus Preschool & Studio? Yes _____ No _____

If you answered no, which other physician do you prefer we call?

Address: _____ Phone: _____

Do you have a preference regarding the hospital we would take your child to in case of a medical emergency? Yes _____ No _____

If yes, please indicate your hospital of preference: _____

Name of child's private health insurance & policy number: _____ or Medicaid or Hoosier Healthwise number for your child and primary adult: _____

Signature of Parent or Legal Guardian: _____

Date: _____

WAIVERS

PHOTOGRAPHY PERMISSION – I grant permission for photographs of my child to be taken at Lotus Preschool & Studio and possibly used in the following ways: for classroom use by teachers (to document learning and activities) & for media/marketing purposes (names will not be used).

Signature of

Parent/Guardian: _____ Date _____

SUNSCREEN PERMISSION (PARENT SUPPLIES) – I give permission for teachers to apply sunscreen to my child to help prevent possible sunburn. I understand that I must provide the sunscreen, and due to accreditation standards, I will provide a sunscreen that is a minimum SPF 15 and has UVA/UVB protection. Lotus staff will apply/or facilitate application of sunscreen as needed before outside activities (primarily Summer camps & May through September).

Signature of Parent/Guardian _____ Date _____

INSECT REPELLENT- I give permission for teachers to apply a mild insect repellent to my child prior to outdoor activities (e.g., nature activities/walks at parks such as East Race, Nature Walks and picnics). Due to accreditation standards, the repellent used will contain DEET and will be applied no more than once per day.

Signature of

Parent/Guardian _____ Date _____

AUTHORIZATION PICK UP FORM

Child's Name: _____

Parent/Guardian Name: _____

Date: _____

PERMISSION IS GIVEN TO LOTUS PRESCHOOL & STUDIO TO RELEASE THE CHILD LIST ON THIS PAGE TO THE FOLLOWING:

NAME	HOME PHONE	WORK PHONE	RELATIONSHIP

I am aware that all person granted permission to drop off or pick up my child must be at least 18 years of age.

Parent/Guardian Name: _____

Date: _____