



Play Loft Summer Camp Enrollment Form

Child's Name: _____

Age: _____ Birthday: _____

Address: _____

Contact Info

Parent/Guardian #1:
Name _____
Home Phone _____
Work Phone _____
Cell Phone _____
Address (home) _____
Address (work) _____
Email _____

Parent/Guardian #2:
Name _____
Home Phone _____
Work Phone _____
Cell Phone _____
Address (home) _____
Address (work) _____
Email _____

Emergency Contact 1
Name _____
Cell Phone _____

Emergency Contact 2
Name _____
Cell Phone _____

Physician
Name _____
Address _____

Phone _____

OFFICE USE ONLY



Summer Camp Program 2017

Type of Program (5 days a week)	Program Time	Program Cost
Half- Day program (Morning or Afternoon)	9:00 am – 12:00 pm	\$ 180 / wk.
	1:00 om – 4:00 pm	
Full Day Program	9:00 am – 4:00 pm	\$ 260 / wk.

Additional \$10 per day charge for extended hours. 8 am to 9:00 am (\$40 per week)

Additional \$10 per day charge for extended hours. 4:00 pm to 5:00 pm (\$40 per week)

5:00 pm to 6:00 pm (\$80 per week)

Please Note

* Our program is only available for a minimum of 3 days a week, and the half day cost is \$ 40 per day and our full day program cost is \$60 per day.

* Please provide a packed lunch daily, unless advised otherwise

* There will be additional field trip charge, depending on the weeks

Summer Camp Weeks

- July 04 – 07: Minecraft & Pokémon Week (4 day week)
- July 10 – 14: Science Week
- July 17 – 21: Food & Nutrition Week
- July 24 – 28: Sports Week
- July 31 – Aug 04: Music, Dance & Drama Week
- Aug 08 – 11: Cultural Week (4 day week)
- Aug 14 – 18: Around the World Week
- Aug 21 – 25: Camping Week (last week)

Play Loft will be closed from Aug 28 – September 01

Your Child's Health

Are your child's immunizations up to date? _____

****Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered the medication. ****

General state of health:

Does your child have any known allergies?

Is your child anaphylactic? (Please circle) YES NO

Do they have an auto-injector? (Please circle) EpiPen Twinject Other _____

Does your child have any medical conditions of which we should be made aware?

About Your Child:

Are there any food restrictions?

What is your child's favorite food?

What food does your child dislike?

Does your child have any siblings? Please name them and specify their ages and genders.

Name _____ age _____ gender _____

Name _____ age _____ gender _____

Name _____ age _____ gender _____

What language(s) are spoken at home?

What are your child's favorite activities, toys, books, or games?

Are there any specific concerns that we should know about?
