

Temecula Preparatory School

2016 Summer Camp Registration

Child's Name: _____

Grade in the Fall: _____ Current School: _____ Date of Birth: _____

Street Address: _____ City: _____ Zip Code: _____

Home Phone #: (_____) _____ **Best Contact Phone #:** (_____) _____

Mother/Guardian Name: _____

Mother/Guardian Email: _____

Mother's Cell Phone #: (_____) _____ Mother's Work Phone #: (_____) _____

Father/Guardian Name: _____

Father/Guardian Email: _____

Father's Cell Phone #: (_____) _____ Father's Work Phone #: (_____) _____

Any changes to those authorized to pick up your child must be in writing on the Child Care Change Form.

Emergency Contact: _____ Relationship: _____ Phone #: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Child may **NOT** be released to: _____ *Please note that we must have a copy of the legal court document.*

May we photograph your child for the purpose of displaying on the TPS website and/or in publications? ☐ Yes ☐ No

Please indicate any allergies, health issues or medications we need to be aware of:

(If your child requires any medication, prescribed by a physician or over-the-counter, a Medication Authorization Form, signed by the physician, must be on file at the child care site. This form is available from any child care staff member.)

☐ None

Non-Refundable Summer Camp Registration Fee:

☐ \$20 per family – Early Bird if paid by May 6th ☐ \$30 per family – After May 6th

If registering by May 6th select T-Shirt size:

☐ Youth Small ☐ Youth Medium ☐ Youth Large ☐ Adult Small ☐ Adult Medium ☐ Adult Large

Please complete a "Session Sign-up" for each week you plan on attending. Forms and payment are due one week prior to the session start date.

I have received and agree to abide by the policies of the 2016 Summer Camp Child Care Handbook.

Parent/Guardian Signature: _____ Date: _____