



Curious Critters Early Learning Center Summer Camp Registration 2024

Child's Information

Child's Full Legal Name: _____ Nickname: _____

Date of Birth: ____/____/____ Sex: Male Female Home Language: _____

Child's Address: _____ City: _____ Zip: _____

Any Known Allergies: _____

Physician: _____ Clinic: _____ Phone: _____

Parent/Guardian's Information

1. Parent Name (first and last): _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Occupation: _____

Email: _____

2. Parent Name (first and last): _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Occupation: _____

Email: _____

Emergency Contacts (at least two)

1. Name (first and last): _____ Relationship to Child: _____

Cell Phone: _____ Work Phone: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

2. Name (first and last): _____ Relationship to Child: _____

Cell Phone: _____ Work Phone: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

3. Name (first and last): _____ Relationship to Child: _____

Cell Phone: _____ Work Phone: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

4. Name (first and last): _____ Relationship to Child: _____

Cell Phone: _____ Work Phone: _____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Staff Use Only	Enrollment Date:	Start Date:	End Date:
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Session Options- Please select which week(s) you want your child to attend for either half or full day.

Half Day

Mon.-Thur. 8:30-11:30am

\$96 / Week

Full Day

Mon.-Thur. 8:30-2:30pm

\$192 / Week

	Jun. 17-20 Camping
	Jun. 24-27 Under the Sea
	Jul. 1-3 4 th of July
	Jul. 8-11 Outer Space Adventure
	Jul. 15-18 Down on the Farm
	Jul. 22-25 Around the world
	Jul. 29-Aug 1 Pirates
	Aug. 5-8 Superhero's
	Aug. 12-15 Carnival and Circus

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Payment is due at the beginning of each week. No refunds will be given if unable to attend and their spot cannot be filled.

Payment Methods: Check made out to Curious Critters or electronic payment through Brightwheel only.

Sibling Discount: 10% off each additional child.



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About Your Child

Tell me somethings about your child (likes, dislikes, concerns, personality, etc.)

Authorization for Treatment of a Minor

_____ I give Curious Critters permission to give my child emergency treatment by a qualified staff member.

_____ I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment in the event that I cannot be reached.

Media Release

While enrolled at Curious Critters the opportunity to photograph/video-record your child may come up. Their pictures/videos may be used for a variety of purposes such as class sites, social media, and advertising. Students names will never be associated with photos/videos/postings.

Please initial next to your choice.

_____ **All Media:** Yes, my child may appear in all media, including what is listed above.

_____ **Limited Media:** My child may appear in only class sites.

_____ **No Media:** My child may not be pictured in any media including classroom sites.

Developmental Screening

Has your child received a developmental screening or received a recommendation for a developmental screening at this time?

_____ **Yes**

_____ **No**

Is yes, please provide a copy of the developmental screening report. This information will help your child's teachers as they strive to support your child in the center and work with your child to be successful.



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Parent Agreements - Please initial next to each statement below

_____ I agree to pick my child up on time at the end of each class and understand that a late pick-up fee of \$5.00 for every 10 minutes late will be applied to my upcoming bill.

_____ If I need someone to pick-up my child other than me, I will add that person to my child's Emergency Contacts list. If that person is not on my child Emergency Contact list, I understand that they cannot pick up my child.

_____ I understand that Curious Critters ELC will require proof of identity such as a valid Driver's License, to any individual picking up my child other than me.

_____ It is important that Curious Critters ELC has current emergency information for my child. I agree to notify the school of any changes that are made during the school year.

_____ I understand that Curious Critters ELC reserves the right to cancel the enrollment of a student for non-payment of tuition or other fees, not following the rules of the school as outlines in the Parent Handbook and /or verbal or physical abuse of staff or children by a student or his/her parent or guardian.

_____ I agree to read and follow all the policies in the Parent Handbook which is given to me at the time of registration and online at www.curiouscritterselc.com under forms and documents.

_____ I understand that Curious Critters ELC seeks to monitor the healthy development of all students. Monitoring is done through various methods including observation and assessments of developmental milestones.

_____ I understand that the school will seek to communicate any concerns regarding my child's physical, emotional, social behavior and educational development with parents. It is the preschool's goal to partner with parents to build a strong foundation for your child's continued success in and out od the classroom. If a developmental concern arises. teachers may request addition monitoring by a parent at home, by a pediatrician, speech/occupational therapist, developmental specialist, etc.

I understand and agree to the terms of this agreement.

Please Print Name: _____

Please Print Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____