

For office use:  
Enrollment date \_\_\_\_\_

First day of attendance \_\_\_\_\_

## LAMBS OF CHRIST LEARNING CENTER

# Summer Camp June 13 - August 19, 2022

### REGISTRATION FORM

Child's name: \_\_\_\_\_  
Last First Middle Initial

Birth date (month/day/full year): \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Home address \_\_\_\_\_

City, state & zip code \_\_\_\_\_

Home telephone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

→ Camp hours are 8:30-11:30 am. Minimum attendance is two days per week. Check the days that your child will attend camp:

Monday  Tuesday  Wednesday  Thursday  Friday

→ Wraparound care is available 6:30-8:30 am and 11:30 am – 5:30 pm. Indicate days and hours that care is needed:

Days	Drop off Time	Pick up Time
<input type="checkbox"/> Monday	_____	_____
<input type="checkbox"/> Tuesday	_____	_____
<input type="checkbox"/> Wednesday	_____	_____
<input type="checkbox"/> Thursday	_____	_____
<input type="checkbox"/> Friday	_____	_____

→ Indicate the weeks your child will attend:

<u>June</u>	<u>July</u>	<u>August</u>
<input type="checkbox"/> 6/13	<input type="checkbox"/> 7/5 (no camp on Mon 7/4)	<input type="checkbox"/> 8/1
<input type="checkbox"/> 6/20	<input type="checkbox"/> 7/11	<input type="checkbox"/> 8/8
<input type="checkbox"/> 6/27	<input type="checkbox"/> 7/18	<input type="checkbox"/> 8/15
	<input type="checkbox"/> 7/25	

→ Please indicate a payment method:

Automatic Withdrawal (Tuition Express)

Point of Sale

**Provide an email address to receive statements and newsletters electronically.**

email address: \_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION**

**Mother's name:** \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Name and address of place of employment or other location where parent can be contacted while child is in care:

\_\_\_\_\_

\_\_\_\_\_ Telephone #: \_\_\_\_\_

**Father's name:** \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Name and address of place of employment or other location where parent can be contacted while child is in care:

\_\_\_\_\_

\_\_\_\_\_ Telephone #: \_\_\_\_\_

**If applicable, complete guardian information.**

**Guardian's name:** \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Name and address of place of employment or other location where parent can be contacted while child is in care:

\_\_\_\_\_

\_\_\_\_\_ Telephone #: \_\_\_\_\_

**PERSONS OTHER THAN PARENTS/GUARDIANS WHO ARE AUTHORIZED TO PICK UP CHILD**

Is anyone other than a parent or guardian authorized to pick up the child?  Yes  No

If yes, provide information requested for each person.

Name: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT**

Provide information for the person to contact when a parent/ guardian cannot be reached.

Name: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

\_\_\_\_\_

Name and address of place of employment or other location where contact can be reached while child is in care:

\_\_\_\_\_

\_\_\_\_\_ Telephone #: \_\_\_\_\_

**Yes** this person is authorized to pick up the child.

**No** this person is not authorized to pick up the child.

**PHYSICIAN OR MEDICAL FACILITY**

Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City

Dentist: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City**AUTHORIZATIONS**I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.  Yes  NoI have had an opportunity to review the policies of this childcare center and a summary of the Wisconsin Rules for Licensing Child Care Centers.  Yes  No

I give permission for my child to participate in field trips and other activities during operating hours.

Transported:  Yes  No Walking:  Yes  
 NoI have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.  Yes  No

I understand that the preschool may take my child's photograph for use in advertising and promotion as following:

In-house promotions:  Yes  NoCommunity advertising, such as local newspaper or stores:  Yes  NoFacebook:  Yes  NoWebsite/Web stream:  Yes  No\_\_\_\_\_  
Signature of Parent or Guardian\_\_\_\_\_  
Date

## PERSONAL INFORMATION

Name (first & last) \_\_\_\_\_ Nickname \_\_\_\_\_

Hand preference:  Right  Left

Has your child ever had a vision test?  Yes  No

If yes, what was the result? \_\_\_\_\_

Has your child ever had a hearing test?  Yes  No

If yes, what as the result? \_\_\_\_\_

Has your child ever participated in a preschool or childcare program?  Yes  No

If yes, what kind of program(s)? \_\_\_\_\_

How often does your child socialize and play with other children?

Frequently (2 or more times per week)  Occasionally (once a week)  Rarely

Please comment: \_\_\_\_\_

Is your child fully potty trained?  Yes  No      During naptime?  Yes  No

Is your child in the process of potty training?  Yes  No

If yes, please elaborate: \_\_\_\_\_

Please tell us about your child's nap time routine and schedule: \_\_\_\_\_

Does your child have any fears that we should be aware of? \_\_\_\_\_

Please list your child's siblings:

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

Family religion: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Is your child baptized?  Yes  No