

# MICROSOCIETY ACADEMY CHARTER SCHOOL 2017 KINDER CAMP REGISTRATION FORM

## Student Information

Legal Name (First, Middle & Last) \_\_\_\_\_

Legal Street Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

## Parents/Guardian Information

**X One:** Biological Parent \_\_\_ Step Parent \_\_\_ Grandparent \_\_\_ Foster Parent \_\_\_      Biological Parent \_\_\_ Step Parent \_\_\_ Grandparent \_\_\_ Foster Parent \_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone/Pager \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

Parents/Guardian E-mail address \_\_\_\_\_

## Health Information

List all medications your child takes: \_\_\_\_\_

List any disabilities your child has: \_\_\_\_\_

List any illnesses or medical conditions that we should be aware of: \_\_\_\_\_

In case of emergency, what doctor would you prefer: \_\_\_\_\_ Phone Number \_\_\_\_\_

## Additional Information

1) In case of emergency, if parents cannot be reached, who should be called?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

2) Please list the names of the **ADULTS** that you authorize permission to pick up your child. **ANYONE NOT LISTED ON THIS FORM WILL NOT BE ALLOWED TO PICK UP YOUR CHILD.**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

3) I give permission for my child's photo to appear on our social media pages and publications for our school:

Yes \_\_\_ No \_\_\_

**Health Information**

Each registration form should be completed and submitted with ALL other required documentation. The following documentation is required:

**\*Most recent medical exam report from health care provider- clearing them for camp**

Does your child have an allergy? Yes \_\_\_ No \_\_\_

If yes, please list \_\_\_\_\_

Does your child require medication/treatment? Yes \_\_\_ No \_\_\_

Medication \_\_\_\_\_ (parents are responsible for providing any medications in the original packaging with written instructions and permissions from an MD. Ex- epi pens/ ADHD Medication - how much/when, etc).

Child's doctor's name: \_\_\_\_\_ Phone # \_\_\_\_\_

Health Care Provider/Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Does your child have an IEP/504? Yes \_\_\_ No \_\_\_ Do they need special accommodations at camp? Yes \_\_\_ No \_\_\_

If yes, please list: \_\_\_\_\_

**PLEASE NOTE: I have read, understood and agree with MACS policies and procedures for the summer camp programs. False reporting on this form may result in removal of camp or effect your registration/placement.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please return your registration, all required forms, and payment to MACS Office by April 21st.**

**All camps are on a first come, first serve basis and are capped at 25 campers. All campers should bring a lunch, snack, and drink each day. There is no transportation offered, carpool only. MACS must receive a minimum of 10 registrations for the camp to run.**

# of Campers \_\_\_\_\_ Total Costs \_\_\_\_\_ (Please make checks out to MACS)