



www.steppingaheadpreschool.com

556-6461

Camper Information

Parents/Guardians Name: _____

Address: _____

City _____ Zip Code: _____ Home Phone: _____

Mothers/Guardian Cell # _____ Fathers/Guardian Cell # _____

Email address most used _____

1st Childs Name: _____ Sex M F Date of Birth __/__/____

Age _____ Are this campers immunizations current Y N

Any allergies or special needs: _____

T-Shirt size (circle one) Child: Small Medium Large X-Large

2nd Childs Name: _____ Sex M F Date of Birth __/__/____

Age _____ Are this campers immunizations current Y N

Any allergies or special needs: _____

T-Shirt Size (circle one) Child: Small Medium Large X-Large

Emergency Information

In an emergency, which parent/guardian should we contacted first? _____

Alternate person who would be authorized to assist your child if we cannot reach a parent or a guardian in an emergency:

Name: _____ Relationship to Child: _____

Day Phone: _____ Cell Phone: _____ Email _____

Waiver and Release

Please check the below spaces to indicate your agreement and sign below.

____ My child(ren) is physically fit and able to participate in camp activities. He/She may receive emergency care if needed.

____ My child(ren) has my permission to go to the field trips offered by Stepping Ahead Preschool during Camp.

____ My child(ren) has permission to have snacks during camp sessions at Stepping Ahead Preschool.

____ I understand my child(ren) needs to be able to focus and listen. If discipline problems occur, I will be called to pick up my child(ren).

____ I understand that my child(ren) need's to be completely potty trained to attend these summer camps.

____ My child's (children's) age and personal information is complete as listed above and is correct.

Signature of Parent or Guardian: _____ Date: _____