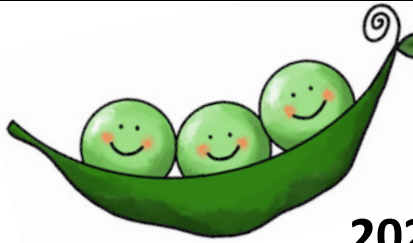


FOR OFFICE USE ONLY

Registration Amount Paid _____ Tuition Paid _____ Cash _____ Check # _____
Venmo _____



**Peas in a Pod
Summer Camps**
(2 yrs-6 yrs)



2024 Registration Form

Please indicate camp choices (\$90/week, 9:30-1):

- | | |
|------------------|---------------------------|
| _____ June 11-13 | Messy Art |
| _____ June 25-27 | Fun with Food |
| _____ July 9-11 | Going for the Gold |
| _____ July 23-25 | Pirate Play |
| _____ August 6-8 | STEAM'ing Ahead |

Child's Name _____

Nickname _____

Child's Age _____ Birth Date _____

Schools attended _____

Parents' Names _____

Address _____

_____ Zip _____

Parent #1 (Cell) _____

Parent #2 (Cell) _____

Preferred Email: _____

Siblings: _____

Emergency Contacts _____ Phone _____

_____ Phone _____

Child's Physician _____ Phone _____

Hospital Preference _____

Food Allergies or other pertinent health concerns _____

List all current medications _____

(Any campers who might need to have medications administered during camp hours are required to have a **Medication Consent Form** on file with the school - this form can be completed by a parent when the medication is delivered to the school.)

Please list all persons authorized by you to pick up your child from camp should you be unable to do so. If an individual who is not listed will be picking up your child, please call the school to let the director know that you are authorizing the pick up.

Authorized individual:

Relationship to child:

- ***A non-refundable Registration Fee of \$40 is required to hold your camp choices along with this form. This fee covers all camp weeks.***
- You will be informed as to which camps are available for your child, and invoiced for tuition upon receipt of your registration.
- ***Make checks payable to Peas in a Pod or pay via Brightwheel, with 3% svc chg ., or by Venmo.***

2024 LIABILITY AND MEDICAL RELEASE FORM

This is a signed agreement stating that I, the parent or guardian, of _____, will not hold any of the staff responsible financially or otherwise for any accidents or mishaps that may occur while my child is attending the Peas in a Pod program.

If emergency medical treatment is required for my child, and I cannot be reached before treatment is considered necessary, I grant permission for medical treatment to be obtained by the staff. The decision that treatment is necessary will be based on the opinion of a licensed physician.

I agree to notify the staff if there are any changes in my child's medical condition or medication list. I also confirm that my child is up to date on all immunizations.

Parent Signature _____ Date _____