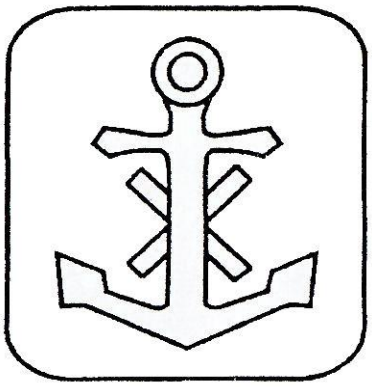

Grace Episcopal Preschool
P.O. Box 2465
1314 East University Ave.
Georgetown, Texas 78627
512-863-6214
www.grace-preschool.org

2009 Summer Camp Registration Form
July 20, 21, 22, 23 9:00a.m. – 1:00 p.m.

The fee for the camp is $100 and must be prepaid. This fee is non-refundable.
We accept campers aged two-years to seven-years old

Date:_____

Child's Name:_____
First Middle Last

Name child prefers to be called:_____Gender:_____

Birth date:_____ Age as of July 20, 2009:_____

Parents' Names:_____

Address:_____

City:_____ Zip code:_____

Home phone:_____ Work phone:_____

Cell phone:_____Email address:_____

The only persons authorized to pick up my child from GEP's Summer Camp are (list name and contact phone number): _____
_____

Please list any special problems that your child may have such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, and medication prescribed for long-term continuous use, and any other information of which staff should be aware. In none, please indicate with "N/A".
_____
_____
_____

If your child is new to our school, please attach a copy of his/her shot record to this form.
_____Attached
_____On file at school

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give permission for Grace Episcopal Preschool to take my child to the following doctor, hospital, or clinic _____, and I consent for necessary emergency treatment when my child is in the care of this physician or hospital or clinic, and I will be responsible for all medical expenses incurred.

Parent Signature:_____Date:_____

For office use only:
Registration paid
Date_____Check #_____Head of School's Initials_____