

# Preschool Summer Camp 08 Enrollment Application

## Child's Information

Child's Name: _____	Date of Birth: _____	Age: _____
Child's Address: _____		
City: _____	State: _____	Zip: _____
Phone #: _____	Email: _____	
Sex: M F	Date of Enrollment: _____	Start Date: _____
Name of School/Center Child Previously Attended: _____		
<b>Program Enrollment:</b>		
<b>Full Day Enrollment (\$130.00) M-F _____ (Extended Care is included with full day enrollment for \$130)</b>		
<b>Half Day Enrollment _____ M-F 9:00am-12:00pm (\$85.00) _____ M-F 9:00am-12:30pm (\$95.00)</b>		

## Parent's Information

Mother: _____		
Home Address: _____		
City: _____	State: _____	Zip: _____
Place Employed: _____	Business Phone: _____	
Home Phone: _____	Cell Phone: _____	
Father: _____		
Home Address: _____		
City: _____	State: _____	Zip: _____
Place Employed: _____	Business Phone: _____	
Home Phone: _____	Cell Phone: _____	
Person(s) or Agency that has legal Custody of Child: _____		
Phone #: _____		

## Emergency Information

Allergies or Intolerance to Food, Medication or other Special Needs: _____	
_____	
Child's Physician: _____	Phone #: _____

**Names & Address of Two People to Contact if Parents CANNOT be Reached**

Name: _____	Phone #: _____
Address: _____	City: _____ State/Zip: _____
Name: _____	Phone #: _____
Address: _____	City: _____ State/Zip: _____
Person(s) Authorized to Pick Up Child: _____	
Person(s) <b>NOT</b> Authorized to Pick Up Child*: _____	
* Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.	

<b>Required Credit Card Number (An active credit card number is required to be on file at all times. Registration CANNOT be processed without this information.)</b>	
Account #: _____	Exp. Date: _____
Signature: _____	Three Digit Code: _____

**Registering for:**

**Half Day Program 9:00am-12:00pm  Half Day Program 9:00am-12:30pm  Full Day Program 9:00am-4:00pm**

**Deposit Requirement:** (Camp Deposits are applied toward last weeks of camp)

Full Day Preschool Camp (\$260) per camper \$ \_\_\_\_\_

Half Day 12:00pm Camp (\$170) per camper \$ \_\_\_\_\_

Half Day 12:30pm Camp (\$190) per camper \$ \_\_\_\_\_

**Payment Type:** VISA    Mastercard    Cash    Check # \_\_\_\_\_

If registering by mail please send registration forms and payment with required camp policy documentation to:  
WISC Kids Club Preschool, Attention: Kristin S. Forbes, 5700 Warhill Trail, Williamsburg, VA 23188

The parent/guardian agrees to rules and regulations as described in the camp policy guidelines.

Signatures:

\_\_\_\_\_  
**Parent or Guardian** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Director** \_\_\_\_\_  
**Date**

**Date Child Entered Kid's Club:** \_\_\_\_\_ **Date Child Departed Kid's Club:** \_\_\_\_\_

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**WISC Kids Club Preschool Medical Release Form**

In the event of an emergency, I give permission for WISC Kids Club Staff/Volunteers to seek appropriate medical attention.

\_\_\_\_\_  
(Parent/Guardian's Signature) \_\_\_\_\_  
(Date)