



2022 SUMMER ENROLLMENT FORM

Child's Name: _____ Gender: M or F Birthdate: _____

Address: _____

Home Phone: _____ Residing School District: _____

Mother's Name: _____ Cell #: _____

Email Address: _____ Work #: _____

Father's Name: _____ Cell #: _____

Email Address: _____ Work #: _____

List any prior Early Learning Experience: _____

Describe your Child's Personality: _____

Emergency Contact Information: (If neither parent can be reached.)

Name: _____ Relation: _____ Number: _____

Name: _____ Relation: _____ Number: _____

Person(s) to whom the student may be released: (Besides both parents and your emergency contacts.)

Name: _____ Relation: _____ Number: _____

Name: _____ Relation: _____ Number: _____

Medical Information:

Family Physician: _____ Number: _____

Preferred Hospital: _____

Special Disabilities: _____

Allergies: _____

Special Dietary Needs: _____

Please fill out the remainder of the form on the back, page 2.

5 W. Arch Street, Fleetwood, PA 19522 610-944-5808 schoolstpaulsfleetwood@gmail.com



2022 SUMMER ENROLLMENT FORM - Continued

Student's Medical Insurance Provider: _____

Policy Number: _____ Group ID: _____

I give permission for my child _____, to attend St. Paul's UCC Preschool Summer Camp 2021. I agree to opt in to the Brightwheel App. I release St. Paul's UCC Preschool, Staff, School Board and Church from all responsibility in regards to the summer camp program. I give permission for emergency medical treatment if my child needs treatment, provided I could not be reached for consent. I also agree that St. Paul's UCC Preschool may use my child's picture for advertisements on the Facebook and Web Page (no name mentioned).

Parent Signature: _____ Date: _____

Please Check Each Week That Your Child Will Attend... You can add a week to your list as long as notice is given 1 week in advance.

_____ June 6-9: Dinosaurs

_____ June 20-23: Weather

_____ June 13-16: Safari/Zoo

_____ June 27-June 30: Ocean/Beach

Cost is \$75 per week. Checks made payable to St. Paul's UCC Preschool.

My student is an existing student at St. Paul's and has a Brightwheel account. I would prefer to be billed through Brightwheel so I can pay electronically. Please check if true. Your student will not be enrolled until payment is received. Please circle **YES** or **NO**. Initials: _____

Office Use

Registration Paperwork Received: _____

Payment Received: _____ Check #: _____

Notes: _____