

KEYSTONE CHRISTIAN PRESCHOOL
SUMMER CAMP REGISTRATION



2023 SUMMER CAMP INFORMATION

This summer, we will be offering two weeks of exciting camps! Each week will be a different theme that your child will enjoy! Camps run from 9 am – 12 noon for ages 2-6.

The age requirement for each age group must be met by September 1st.

All children, with the exception of the 2 year old class must be potty trained.

Students will bring their own snack and water bottle.

PLEASE REMEMBER, WE ARE A NUT FREE SCHOOL.

Camp registration is now available to all children currently enrolled at the Preschool. Classes will be filled on a **first-come, first-served basis** with a minimum required of 10 children per class. SPACE IS LIMITED.

Registration will open to the community on Friday, April 21st.

Keystone Christian Preschool 2023 Summer Program Fees

\$125 per session / \$100 sibling

Supply Fee \$25 per week and per child

Payment due at time of registration

Fees will be refunded if class is not filled.

Registration closes on May 19

WEEKLY THEMES

_____ June 19 – June 23 Ocean

_____ June 26 – June 30 Camping

Child's Name: _____

Birth date: _____

Parent Name: _____

Contact#: _____

Email: _____

Allergies: _____

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Interview/Photograph/Videotaping Permission Form

I, the parent/legal guardian of _____, grant my permission for Keystone Christian Preschool to exhibit photographs or likenesses of the above-named student. No names will be published except in school and/or class publications.

Please initial to indicate permission, write "no" to indicate refusal.

_____ School publication (school newsletter, photo albums, class picture, etc.)

_____ Press/media releases (newspaper articles, brochures, school profile, etc.)

_____ Keystone Christian Preschool website: keystonechristianpreschool.com and on our corporate Facebook page (no names will be included)

By signing this release, I acknowledge that I hereby release and forever discharge Keystone Christian Preschool from and against any and all claims, damages or suits which may arise from, the use of publications, press/media releases, website, or corporate Facebook page, including but not limited to, the exhibition of the above-named student's photograph or likeness or publication of the student's name.

Child's Name

Parent's Name (Legal Guardian)

Parent's Signature (Legal Guardian)

Date

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Medical Information

Illnesses and Injuries (check those that apply and give appropriate dates)

<input type="checkbox"/> Ear Infection (tubes)	<input type="checkbox"/> Bleeding/Clotting disorders	<input type="checkbox"/> Asthma
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Heart Defect/Disease	<input type="checkbox"/> Seizures
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Musculoskeletal Disorders	<input type="checkbox"/> Other (specify)

Comments _____

Allergies (check those that apply and specify nature of allergic reaction.)

<input type="checkbox"/> Animals _____	<input type="checkbox"/> Hay Fever _____
<input type="checkbox"/> Pollen _____	<input type="checkbox"/> Food _____
<input type="checkbox"/> Medicines/Drugs _____	<input type="checkbox"/> Insect Stings _____
<input type="checkbox"/> Plants _____	<input type="checkbox"/> Other (specify) _____

Other Health Conditions (check those that apply)

<input type="checkbox"/> Bed wetting	<input type="checkbox"/> Emotional disturbances	<input type="checkbox"/> Motion Sickness
<input type="checkbox"/> Constipation	<input type="checkbox"/> Fainting	<input type="checkbox"/> Nosebleeds
<input type="checkbox"/> Sleep disturbances	<input type="checkbox"/> Special Dietary regimen	<input type="checkbox"/> Hearing impairment
<input type="checkbox"/> Lactose Intolerant	<input type="checkbox"/> Other (specify) _____	

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be encouraged or restricted.

All children are required to have a health form, Child Care Licensing Form 3040 and an immunization form. It must be signed by your physician before admittance to school. Proof of age is also required. KCP abides by the requirements set by the Child Care Licensing Program and is regularly inspected by same.

Name of family physician: _____ Phone _____

Name of family dentist: _____ Phone _____

If my child, _____ should become ill or injured at the Keystone Christian Preschool, I understand that the school will: (1) contact me immediately and (2) Contact the person(s) I have designated if I cannot be reached. Should the school be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

_____ I will accept responsibility for payment of medical services rendered.

Guidelines for a Well Child

I understand that I need to keep my child home if he/she has had the following symptoms within the past 24 hours:

- 1) FEVER equal to 100 degrees or greater
- 2) A constant untreated COUGH
- 3) Signs of a possible communicable disease, i.e., skin rash, inflamed eyes
- 4) DIARRHEA and/or VOMITING

Child's Name

Parent's Name (Legal Guardian)

Parent's Signature (Legal Guardian)

Date

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Permission for Food-related Activities & Special Occasion food consumption Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed childcare facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I _____ give/decline permission for my child _____
(Parent or Guardian) (circle one) (Child's Name)
to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

___ My child DOES NOT have a food allergy or dietary restriction. He or she may participate in activities.

___ My child DOES NOT have a food allergy or dietary restriction. He or she may not participate in activities.

___ My child DOES have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items (please list below):

___ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

(Parent/Guardian Signature)

(Date)