



SUMMER CAMP

at Jackson Day School



Enrollment Date _____	Age _____	Grd ending _____
Camp Start Date _____	Staff Initials: _____	
_____ Scheduled Weeks	_____ 5-Day	or _____ 3-Day
Fee Paid _____	Date: _____	Ck#/card: _____
<i>Office Use Only</i>		

Summer Camp Registration Form v6/2019

Child's Name _____ Nickname _____ Summer Year _____ Completed Grade _____

Address _____
Street _____ City _____ Zip _____

Home Phone/Cell Phone Number _____

Child's Birth Date _____ Gender _____ School Child Currently Attends _____

Father or Guardian's Name _____

Father or Guardian's Employer _____ Work Phone Number _____

E-mail Address _____ Average Work Schedule _____

Mother or Guardian's Name _____

Mother or Guardian's Employer _____ Work Phone Number _____

E-mail Address _____ Work Schedule _____

Child lives with: (Check one) Both Parents _____ Mother _____ Father _____ Legal Guardian _____

Please list any disabilities, diagnoses or special needs: (provide IEP/504 accommodations if necessary): _____

Please list any medications they are on: _____ *Complete Medicine Authorization form if kept on campus

Please list any allergies (such as insect bites, food allergies, etc....) _____

Camp Plan Choice: Full-Time (5 day) or Part-Time (3 Day) Camp

Camper/s Name: _____

Both options are from 7:00am-6:30pm. 5-Day Camp is Monday-Friday, 3-Day Camp is Tuesday/Wednesday/Thursday.
(No other days may chosen) You may not alternate between them. You must be in one Camp plan or the other. (Check one)

___ Full Time: 7:00am-6:30pm, Monday through Friday

___ 3-Day: 7:00am-6:30pm, Tuesday/Wednesday/Thursday

Weeks of Camp/Back-Up Care to attend

Check each box for the weeks you will be attending for the entire summer. The first and last weeks on the schedule are considered "Back-Up Care" but are operated in the same manner with the same costs. You may change dates with a written two weeks notice. If you want to add a week later that was not previously scheduled you can do so as long as space is available. **If you need care for weeks prior to June 3rd, you may enroll in Back-Up Care by emailing the School Age Director csperling@earlybeginningscdc.com.

- All Weeks listed below
- May 31st-June 3rd, 2022 (closed May 30th for Memorial Day)
- June 6th-10th, 2022
- June 13th-17th, 2022
- June 20th-24th, 2022
- June 27th-July 1st, 2022
- July 5th-8th, 2022 (closed July 4th for Independence Day)
- July 11th-15th, 2022
- July 18th-22nd, 2022
- July 25th-29th, 2022
- August 1st-5th, 2022
- August 8th-12th, 2021
- I am interested in Back-Up Care in May. Please contact me. (same hours. No Summer theme)

Guardian/Parent Signature: _____

Date: _____