

# Betton Hills Preparatory School

1815 N. Meridian Road  
Tallahassee, Florida 32303  
Phone: (850) 422-2464 Fax: (850) 422-1369

## Lazy Days Camp (Rising First and Second Graders) Summer 2011

Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

### Non-refundable Registration Fee \$25

#### Monthly Fees: (Please check one)

\_\_\_\_\_ 8:30 a. m. – 3:00 p. m. \$ 550

\_\_\_\_\_ 7:00 a. m. – 6:00 p. m. \$ 650

**June** \_\_\_\_\_

June 13-17

June 20-24

June 27- July 1

**July** \_\_\_\_\_

July 5-8

July 11-15

July 18-22

July 25-29

**August** \_\_\_\_\_

Aug. 1-5

Aug. 8-12

### Family Information

Mother/Guardian Name: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

### Emergency Information

Child's Physician: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Additional Emergency Contacts: (If parents/guardian cannot be reached)

1) Name: \_\_\_\_\_

2) Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Authorized Pick-Up Information

1) Name: \_\_\_\_\_

2) Name: \_\_\_\_\_

3) Name: \_\_\_\_\_

4) Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Betton Hills Preparatory School's**  
**2011 Summer Camp Agreement**

I authorize the staff and teachers at Betton Hills Preparatory School to administer **prescription** medication to my child, \_\_\_\_\_ . I understand that any prescription medication must be brought in the original container with the student's name, name of the medication, doctor's name, date and proper directions for administration of the medicine. The container should then be presented to the office and the parent/guardian must sign the appropriate medication form in the clinic.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I hereby release the staff and teachers from any liability that may result from the administering of or non-administering of medication. In case of any emergency and the inability to reach a parent, guardian, or emergency contact, I authorize the staff and teachers of Betton Hills Preparatory School to take the necessary measures to ensure the safety of my child. This includes a telephone call to my child's physician, (name and number) \_\_\_\_\_ or 911 in case of a serious emergency. My child's insurance company is \_\_\_\_\_ and the policy number is \_\_\_\_\_. **Please initial** \_\_\_\_\_

**Medical History**

(Please note any allergies and/or medical condition)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
In case of custody arrangements and/or restriction orders, I will provide a copy of any court ordered Custody Agreement and legal statement of allowable contact by a non-custodial parent or family member. **Please Initial** \_\_\_\_\_

List below any additional information the teacher or office staff should be aware of (i.e. separation, divorce, deceased parent, extended family in the home, adoption, accidents, or any unusual factor in the child's life).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_