

Betton Hills Preparatory School

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

Pre-K 4 Summer Camp (4 Year Olds) 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).

