

**"Oceans of Fun"**

SUMMER SCHOOL 2010  
APPLICATION

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PHONE \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DAD'S NAME \_\_\_\_\_ EMPLOYED BY \_\_\_\_\_

PHONE \_\_\_\_\_

MOM'S NAME \_\_\_\_\_ EMPLOYED BY \_\_\_\_\_

PHONE \_\_\_\_\_

**PLEASE REGISTER OUR CHILD FOR: (CHECK AS MANY SESSIONS AS YOU WISH)**

     **SESSION 1**  
July 6, 7, 8

     **SESSION 2**  
July 13, 14, 15

     **SESSION 3**  
July 20, 21, 22

     **SESSION 4**  
July 27, 28, 29

**TO REGISTER:** Submit this registration form with the total session fees due, \$80.00 per session by April 16. **This is NOT refundable after May 15!** Session enrollment and waitlists will be selected by a Lottery System if necessary. Enrollment confirmations will be distributed the week of April 19.

**RELEASE & EMERGENCY INFORMATION**

I/WE authorize the nursery school staff to call an emergency ambulance in case of accident or acute illness and to arrange for possible emergency medical and surgical care in case I/WE are not immediately available. It is understood that a conscientious effort must be made to notify me or the persons mentioned below before such action is taken. If it is impossible to reach me or the persons mentioned below, the expense incurred will be accepted by me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

**PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY: (Parents will be called first)**

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

**PHYSICIAN'S NAME**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**LIST OF CHILD'S ALLERGIES OR PHYSICAL LIMITATIONS**

\_\_\_\_\_