



The Little Tree Play School
7275 Santa Teresa Blvd. San Jose, CA 95139
408-972-9200

Camp Little Tree for Preschoolers Summer 2011

Please indicate which camps your child will be attending:

_____ *Sand and Sea (July 5-8) \$110*
_____ *Little Artists (July 11-15) \$135*
_____ *Dress-up Days (July 18-22) \$135*
_____ *You Can Build It! (July 5-29) \$135*

Please make checks payable to New Creation Lutheran Church

Child's Full Name _____

Male ____ Female ____ Nickname _____ Birth Date _____ Start Date _____

Address _____

Home Phone _____ Place of Birth _____

Parent or Guardian's Name _____

Occupation _____ Business Address _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Parent or Guardian's Name _____

Occupation _____ Business Address _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

In case of emergency or delay, the following are authorized to pick up my child:

1. Name _____

Address _____

Home Phone _____ Cell Phone _____

2. Name _____

Address _____

Home Phone _____ Cell Phone _____

HEALTH AND INSURANCE INFORMATION

Medical Insurance Company _____ Phone _____

Policy Number _____

Any Special Medical Needs or Conditions (Allergies, chronic illness, etc.) _____

PHYSICIAN OR DENTIST TO BE CALLED IN EMERGENCY

Physician's Name _____ Phone _____

Address _____

Dentist's Name _____ Phone _____

Address _____

LIABILITY RELEASE

Every activity sponsored by the Little Tree Play School is carefully planned and supervised. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, I, the parent or legal guardian of _____ agree to assume and accept all risks and hazards inherent in program-related school and social activities. I agree to release and forever discharge and hold harmless New Creation Lutheran Church, The Little Tree Play School, and any employees and volunteers for this program from any and all liability claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred in the event of an accident or other incident requiring medical treatment.

Signature of Parent or Legal Guardian

Date

PERMISSION TO PARTICIPATE & CONSENT FOR EMERGENCY MEDICAL TREATMENT

I, the undersigned parent or guardian of _____, do hereby grant permission for my child to participate in all activities of The Little Tree Play School program.

Furthermore, I do hereby authorize the adult leader(s) in charge to act as my agents to consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis, care or treatment which is deemed advisable by , and is rendered under the general or special supervision of, any physician or surgeon licensed under the provisions of the Medical Practice Act, or the medical staff of any accredited hospital or licensed dentist, as the case may be, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at the hospital, or elsewhere, as circumstances may require, at the discretion of the treating physician or dentist.

I understand that this authorization is given in advance of any specified diagnosis, medical, dental, or hospital care being required, but is given to provide authority and power on the part of the aforesaid agents to give consent to care and treatment as outlined above. This authorization for treatment is given under whatever conditions are necessary to preserve the life, limb, or well-being of the child named above.

Signature of Parent or Guardian

Date signed

PHOTOGRAPH/ MEDIA RELEASE

The Little Tree Play School may take photographs/video of the children at work and play. These photographs may be used in advertisements, flyers, brochures or in website development and networking. Please indicate with your initials below whether or not we may include your child’s photo for use in any of these formats.

___ YES, I give permission for The Little Tree Play School to use my child’s photo as indicated above.

___ NO, I do not give permission for The Little Tree Play School to use my child’s photo as indicated above.

SUMMER ENROLLMENT POLICY

Enrollment in the program is for summer camp programming only. Should you need to withdraw your child at least 2 weeks before their scheduled start date, you will receive a 50% refund of full tuition payment. If you must withdraw your child less than 2 weeks prior to their start date, a partial refund will be issued, to be determined at the discretion of the director and School Board. Enrollment and payment for one week of Summer Camp does not guarantee placement in subsequent weeks. If space is available, new enrollments may be accepted after Summer Camp has begun.

ADMISSION AGREEMENT

By signing below, I acknowledge that I have read and understood, and agree to, the information contained in this enrollment packet. The information I have provided herein is true and accurate to the best of my knowledge, and any changes to any information provided will be updated by me as these changes occur. My signature also indicates that I am agreeing to enroll my child/children in The Little Tree Play School Summer Camp program and that I am in support of the programs.