

Student's Name: _____

PERSONS AUTHORIZED TO PICK CHILD UP FROM SCHOOL OR IN AN EMERGENCY

Name of Contact	Phone Number 1	Phone Number 2	Relationship

PHYSICIAN/ DENTIST/ INSURANCE INFORMATION

Physician Name:	Phone No:
Address:	
Dentist Name:	Phone No:
Address:	
Health Insurance Plan:	

MEDICAL INFORMATION

Known Allergies:	Date of Tetanus:
Describe Medical Conditions and/or Medications:	
Other:	

PARENT AUTHORIZATION

I hereby give permission for my child to participate in special events that may be part of the summer school and summer splash camp program. I understand that responsible adults will accompany my child during these activities.

In case of emergency, if parent or guardian cannot be reached, I authorize a school representative to make the necessary arrangements for my child to receive medical or hospital care, including transportation. If my doctor is not available, I authorize any licensed physician or surgeon to treat my child. I take full responsibility for all expenses incurred.

_____ Initial

OR

I have provided information on my child's health history and agree to accept FULL responsibility for my child's health. I am choosing my right to refuse a medical examination of my child and request that NO medical care be given to my child.

_____ Initial

Parent/Guardian's Signature

Date

Parent/Guardian's Signature (optional)

Date

Merry Moppet Preschool and Belmont Oaks Academy
Credit Card Authorization

Instructions:





Complete the credit card payment information below to pay your Belmont Oaks Academy Summer Session fees.

Payment Information:

Payment Amount: _____

Credit Card Information:

Card Holder Name: _____

Card type (   ): _____

Card Account Number: _____

Expiration Date: _____

Signature: _____

I authorize Merry Moppet Preschool/Belmont Oaks Academy to draft the payment amount listed on this form from the credit card information printed on this page and any additional camp fees I request to be added in the future. I agree to pay a \$35 return fee in the event the above amount is returned unpaid. I understand that my child's attendance at camp may be terminated in the event I have not paid the camp fees in full prior to the start of each camp session.

Billing Address (if different from the address on file):

Street Address: _____

City: _____

State: _____

Zip: _____

Email: _____

Privacy Policy:

We keep your personal information private and secure. When you make a payment through our system, you provide your name, contact information, payment information, and additional information related to your transaction. We use this information to process your payment and to ensure your payment is correctly credited to your account.