

Landmark PRESCHOOL



SUMMER 2019 REGISTRATION FORM – REDDING CAMPUS

Use a separate form for each camper and please print all information clearly.

General Information

Child's Name (First) _____ (Last) _____ Sex M/F

Mother's Name (First) _____ (Last) _____

Father's Name (First) _____ (Last) _____

Mailing Address _____

City _____ State _____ Zip _____

Child's Age (as of 6/2019) _____ Date of Birth _____ Child's Grade (entering 9/2019) _____

Child's Home Phone _____

Mother's Work Phone _____ Mother's Cell Phone _____

Father's Work Phone _____ Father's Cell Phone _____

Emergency Information

 Please list two emergency contacts (*other than parents*):

Name _____ Relationship _____

Home Phone _____ Work/Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work/Cell Phone _____

Pick Up Authorization

 The following people are authorized to pick up my child (*other than parents*):

Name _____ Day Time Phone _____

Name _____ Day Time Phone _____

Name _____ Day Time Phone _____

Permission Slip

I, _____, the parent/guardian of _____, understand that Ridgefield Academy is a non-profit organization which makes it facilities, programs and activities available to persons only on the condition that they agree to assume complete responsibility for any injury or damage. I acknowledge that Ridgefield Academy programs and activities may involve risk, and assume those risks for my child. Further, in consideration of acceptance of my child into the Ridgefield Academy camp and/or its sponsored programs and activities, I release and agree to hold harmless Ridgefield Academy, its officers, directors, employees and staff from any claims or damage or loss (including but not limited to physical injury, and property damage) that may occur as a result of my child's participation in any Ridgefield Academy sponsored program or activity. I hereby give the foregoing release on behalf of myself, my child, and all family members of either of us, and confirm that I authorize to do so. I understand that Ridgefield Academy does not carry medical/accident insurance, and that I am responsible for any and all charges for medical treatment, property damage, or acquiring my own insurance. I acknowledge that participation in Ridgefield Academy sponsored activities is conditional upon compliance with all applicable rules and policies established at Ridgefield Academy. I further acknowledge that Ridgefield Academy sponsored activities and participants may be photographed, filmed or videotaped from time to time, and hereby consent use of my child's picture and likeness for Ridgefield Academy related promotional purposes without further consideration.

Parent or Guardian Signature _____ Date _____


See Reverse

**2019 Summer at Landmark
Redding Registration Worksheet
3s - 5s**

Week 1		June	17	18	19	20	21	Days	Amount
\$75 per day	9:00 am - 1:00 pm								
\$95 per day	9:00 am - 3:00 pm								
\$125 per day	9:00 am - 5:00 pm								
Week 2		June	24	25	26	27	28	Days	Amount
\$75 per day	9:00 am - 1:00 pm								
\$95 per day	9:00 am - 3:00 pm								
\$125 per day	9:00 am - 5:00 pm								
Week 3		July	8	9	10	11	12	Days	Amount
\$75 per day	9:00 am - 1:00 pm								
\$95 per day	9:00 am - 3:00 pm								
\$125 per day	9:00 am - 5:00 pm								
Week 4		July	15	16	17	18	19	Days	Amount
\$75 per day	9:00 am - 1:00 pm								
\$95 per day	9:00 am - 3:00 pm								
\$125 per day	9:00 am - 5:00 pm								
Week 5		July	22	23	24	25	26	Days	Amount
\$75 per day	9:00 am - 1:00 pm								
\$95 per day	9:00 am - 3:00 pm								
\$125 per day	9:00 am - 5:00 pm								
Week 6		July/August	29	30	31	1	2	Days	Amount
\$75 per day	9:00 am - 1:00 pm								
\$95 per day	9:00 am - 3:00 pm								
\$125 per day	9:00 am - 5:00 pm								
Week 7		August	5	6	7	8	9	Days	Amount
\$75 per day	9:00 am - 1:00 pm								
\$95 per day	9:00 am - 3:00 pm								
\$125 per day	9:00 am - 5:00 pm								
Week 8		August	12	13	14	15	16	Days	Amount
\$75 per day	9:00 am - 1:00 pm								
\$95 per day	9:00 am - 3:00 pm								
\$125 per day	9:00 am - 5:00 pm								
Multi Day Discount								Subtotal	
Days Enrolled	Discount	Early Registration Discount (before May 18, 2019)					-\$50		
6 - 10	3%	Multi Day Discount (applied to last payment)					%		
11 - 15	6%						TOTAL		
16 - 20	9%	Amount Due with Registration					50%		
21 - 25	12%	BALANCE - Amount Due before June 17, 2019							
26 - 30	15%								
31 - 35	18%								
36+	21%								



SUMMER 2019 MEDICAL BACKGROUND AND AUTHORIZATION

This form to be completed by a parent or legal guardian. Please print clearly.

Medical Concerns

Landmark requires background information on your child in order to provide licensed medical staff with pertinent information in case of emergency. Please list any medical conditions we should be aware of.

Other comments: _____

Medications

Please list medications that your child is taking. We ask that, if at all possible, you medicate your child outside of camp hours. However, if your child requires these medications during camp, please contact us for an authorization form.

Allergies and Allergic Reactions

Please note: If your child has a food allergy, we ask that you provide their own food items during the durations of camp including snack and lunch.

Does your son/daughter react negatively to any medication or foods? If so, please list them.

Hay Fever Poison Ivy Insect Sting Penicillin Foods

Other _____

Parent Authorization

The health history listed herein is correct as far as I know. I accept full responsibility for the health and physical condition of the person herein described, and give my permission for him/her to engage in all Ridgefield Academy sponsored activities, except as noted by me. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by Ridgefield Academy to hospitalize, secure proper treatment or to order injection, anesthesia or surgery for my child as named above.

Parent or Guardian Signature _____ Date _____

By State regulation your child may not attend camp until this form is fully completed and returned, along with a recent Immunization Form to Landmark Preschool.