## Perinton Nursery School Summer Camp Registration 2024

We are excited to offer our third year of PNS Summer Camp to both current and alumni families and the local community! Camp will be led by our board member, Sarah Besig, along with 2 parent volunteers each day. Sarah has been our substitute teacher this year and has passed a NYS background check and is CPR/First Aid certified.

Each week will have a fun theme in which daily crafts, group time activities, and music will be centered around. The daily routine will be similar to our class structure with extra gross motor and outdoor play (as weather permits).

Camp is offered the week of June 3-7 and June 10-14 from 9am to 12pm. You can sign your child up for one or both of the weeks! Camp enrollment will be capped at 15 children each week and will be a combination of 3,4 and 5 year olds.

## Registration Procedure and Agreements:

- Each camp day is from 9am to 12pm, Monday through Friday.
- The 15 available openings will be filled based on the date the applications are received. - Alumni families are given priority registration until May 3.
- Last day to register is May 17.
- Your child is required to be 3 years old by the start of camp. Parents of children who are not potty trained will be called to change soiled diapers during the hours of camp.
- A healthy snack will be provided each day. Individual dietary needs will be accommodated.
- Dress your child in playground clothes (clothes that can get muddy, painted, etc)
- Registration Fees:
- \$150 per camper per week.
- Parent volunteer refund of \$15 per day. (Indicate your availability in the registration form. Chairperson, Stacy Young will coordinate the volunteer schedule and reimbursements of \$15/day will be refunded by June 15th)

To complete your registration, the following forms must be completed and returned:

$\square$
Registration Form
 Emergency Permission Card Child Release \& Student Photo Release

Full payment of $\$ 150$ is required when submitting the registration packet and can be paid by check, money order, cash or Venmo. Complete and sign all registration forms, and email them to registrar@perintonnurseryschool.org or mail to:

Perinton Nursery School, Attn: Registrar<br>2 Mountain Rise<br>Fairport, NY 14450

## Perinton Nursery School Summer Camp Registration 2024

1. Child's Full Name: $\qquad$
2. Date of Birth: $\qquad$ 3. Child's Gender:


Please indicate the camp(s) you are applying for and volunteer availability:Week 1: June 3-7, 9am-12pmWeek 2: June 10-14, 9am-12pmI plan to volunteer as a parent helper
I would like to volunteer $\qquad$ days
I am available: $\square$ Mon $\square$ Tues $\square$ Wed $\square$ Thurs $\square$ Fri

Home Address Line 1 $\qquad$
Address Line 2 $\qquad$
City $\qquad$ Postal Code (zip) $\qquad$ Home Phone $\qquad$

## Guardian/Parent's Name

Cell Number $\qquad$ Work Number $\qquad$ Email $\qquad$

## Guardian/Parent's Name

Cell Number $\qquad$ Work Number $\qquad$
Email $\qquad$

## Perinton Nursery School Student Emergency Permission Card

## Student Information:

Name: $\qquad$

Birthdate: $\qquad$
Primary Address: $\qquad$

Primary Phone Number: $\qquad$

## Parent/Guardian Contact Information:

|  | Parent/Guardian 1: | Parent/Guardian 2: |
| :--- | :--- | :--- |
| Name: |  |  |
| Home Phone: |  |  |
| Work Phone: |  |  |
| Cell Phone: |  |  |
| Address: |  |  |

Emergency Contact Information:

|  | Emergency Contact 1: | Emergency Contact 2: |
| :--- | :--- | :--- |
| Name: |  |  |
| Relationship: |  |  |
| Phone: |  |  |
| Address: |  |  |

## Pediatrician Information:

| Office Name: |  |
| :--- | :--- |
| Doctor: |  |
| Phone: |  |

## Health Information:

| Allergies: |  |
| :--- | :--- |
| Medications: |  |
| Medical Conditions: |  |
| Health Insurance <br> Company: |  |
| Policy Number |  |

PNS will notify the parent(s) when a child is ill or in need of medical attention. In the event that we are unable to contact parents or emergency contact person, and it is clear that the child needs immediate help, our procedure is to have the child taken to the nearest emergency service by ambulance. (Ambulance fee is parent's responsibility.)

I am aware of this safety policy and give permission for it to be enacted for my child.

## Signature of

Parent/Guardian: $\qquad$
Date: $\qquad$

## Perinton Nursery School Child Release Form 2024

Please list below all the individuals (including yourself) to whom your child may be released.
My child $\qquad$ may be released to the following persons:

| Name | Relationship to Child |
| :--- | :--- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |

I understand that Perinton Nursery School will not release my child to someone who is not listed above unless I notify my child's teacher in writing. In an emergency, a parent or guardian must call the school and inform the teacher of any change. If the individual picking up my child is not recognized by the teachers, photo identification must be provided before the child is released to them. It is my responsibility to keep this list up-to-date throughout the school year.

Signature of Parent/Guardian: $\qquad$
Date: $\qquad$

## Student Photo Release

During camp, we take photographs of school activities involving students to share the school and classroom related activities. Some photographs may capture your child's participation. These photos may be shared on the Perinton Nursery school website, social media pages, and marketing materials. (Students names will never be included with these photos.)


I hereby allow the reproduction and publication of my child's photograph(s) I do not allow the reproduction and publication of my child's photograph(s)
$\qquad$
Date: $\qquad$

