



# Perinton Nursery School Summer Camp Registration 2024



1. Child's Full Name: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ 3. Child's Gender: Male Female

Please indicate the camp(s) you are applying for and volunteer availability:

Week 1: June 3-7, 9am-12pm

Week 2: June 10-14, 9am-12pm

I plan to volunteer as a parent helper

I would like to volunteer \_\_\_\_\_ days

I am available: Mon Tues Wed Thurs Fri

**Home** Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ Postal Code (zip) \_\_\_\_\_ Home Phone \_\_\_\_\_

## Guardian/Parent's Name

Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

Email \_\_\_\_\_

## Guardian/Parent's Name

Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

Email \_\_\_\_\_

# Perinton Nursery School

## Student Emergency Permission Card



### Student Information:

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

### 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 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:** \_\_\_\_\_

Date: \_\_\_\_\_

# Perinton Nursery School Child Release Form 2024



Please list below all the individuals (including yourself) to whom your child may be released.

My child \_\_\_\_\_ 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: \_\_\_\_\_

Date: \_\_\_\_\_

## 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)

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_