

Beverly Hills Church Preschool Summer Camp Registration Form 2019

Check all that apply: BHCP family Former BHCP Camp family

Child's Name: _____

Current Age: _____ Date of Birth: _____ Gender: _____

Parents'/Guardians' Names: _____

Address (Street/City/Zip): _____

E-mail: _____

Phone: (home/work) _____ (mobile) _____

Please check which sessions you'd like your child to attend. Since we may have waitlists for some sessions, please clearly indicate your first, second, and third choices.

✓	Session #	Session Description	Dates	Priority (1, 2 or 3)
	Session I	Light, Motion, and Sound	June 17 - June 28	
	Session II	Storytelling (and Fairy Tales) with Nature	July 1 - July 12 (no camp July 4 th)	
	Session III	Structures Around the World: Pyramids, Arches, and Buildings	July 15 - July 26	

Class placement for summer camp is based almost exclusively on the ages of the enrolled campers. If you have any special considerations, please explain them below. While we can make no guarantees, we will do our best to accommodate you. _____

Please remember to include a \$50 non-refundable deposit per session with your registration form.

Mail registration and deposit to:

Beverly Hills Summer Camp
3512 Old Dominion Boulevard
Alexandria, VA 22305

Office Use Only:

Registration and Deposit Rec'd: _____ Enrollment Forms Rec'd: _____ Tuition Balance Rec'd: _____

Class Code(s): _____ BHCP Rate: _____

**Beverley Hills Church Preschool
Summer Camp 2019
Emergency and Medical Release Form**

Child's Name _____ Date of Birth _____

Address _____

_____ Home Phone _____
City State Zip

Mother's (Guardian's) Name _____ Business/Cell Phone (____) _____

Father's (Guardian's) Name _____ Business/Cell Phone (____) _____

We must have the names and best phone numbers of two people who are able to pick up and care for your child in the event you cannot be reached (nanny, parent of classmate, friend, neighbor, etc.).

Name/Relationship _____ Phone (____) _____

Name/Relationship _____ Phone (____) _____

If our daughter/son _____ should need any form of medical or dental treatment, including medication, hospitalization, or surgery while attending Beverley Hills Summer Camp from June 2019 through July 2019, an attempt should be made to contact us using the telephone numbers provided above.

If neither parent can be reached, we give our permission for any form of emergency medical or dental care and treatment to save our child. This care treatment shall include, but is not limited to: transportation by ambulance or emergency vehicle; administration of emergency medical procedures including surgery; admission to an authorized place of treatment for the purposes of administering treatment; administration of drugs or other medication and any other assistance deemed necessary and appropriate.

Prior to the administration of care, all reasonable effort should be made to contact our child's personal physician or dentist indicated on this form, but not to the exclusion of administration of necessary care and treatment stated above.

Date: _____

Signature: _____
(parent)

OVER (Please fill out additional information on reverse side) OVER

Medical Information

Child's Name _____ Date of Birth _____

Physician's Name _____ Phone (____) _____

Dentist's Name _____ Phone (____) _____

Insurance Company _____ Phone (____) _____

Policy Holder's Name _____ Policy Number(s) _____

Please indicate allergies to medication, foods, animals, insects, etc. Please request an "Emergency Health Care Plan" from the camp director if an allergic reaction might result in a medical emergency.

Please furnish in the space below any information that would be helpful in treating your child in an emergency, including such things as pertinent medical history, previous accidents or emergencies, child's reaction to treatment and successful calming approaches used by adults with your child.

If your child has any special needs or if there is anything else that you feel we should be aware of to best ensure that your child has a safe and rewarding camp experience, please let us know below.

Please Note:
Camp Staff administers medications for life threatening conditions only.