

Little Lambs Summer Camp AMP

2018 Registration/Application

DATE: _____ Child's current age _____ CLASS ENTERING T 2 3 4/5

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____ Sex _____
First MI Last

Mailing Address: _____ City _____ Zip Code _____

Previous School (If Applicable): _____

PARENTS OR GUARDIANS

Marital Status _____ Single Parent Family _____ Church Currently Attending _____

Father's Name: _____ Mother's Name: _____

Address: _____ Address: (If Different) _____

Home Phone: _____ Cell: _____ Home Phone: _____ Cell: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Home e-mail address: _____

MEDICAL INFORMATION

Doctor: _____ Phone: _____

Allergies: _____

Medical Problems: _____

Medications: _____

My child has been screened and found to have the following:

_____ Speech Impaired _____ Language Impaired _____ Emotional Problems

_____ Physical Handicaps _____ Vision Impaired _____ Hearing Impaired

_____ Learning Disabilities _____ Mentally Handicapped

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PERSONAL INFORMATION

Has your child been subject to disciplinary actions or any other misconduct? Yes _____ No _____

If Yes, explain: _____

Child will be released only to the custodial parent or legal guardian and person(s) listed below. The following people are authorized to remove the child from the facility if a custodial parent or legal guardian cannot be reached.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

• By enrolling my children in (**Camp AMP**), I/We hereby agree to pay all tuition, fees and costs in a timely manner. We understand Registration and Activity Fees are non-refundable. • Section 402.3125(5), Florida Statutes, requires that parents receive a copy of the child care facility brochure, Know your Child Care Center. Section 65C-22 006(4) (a) 2, Florida Administrative Code, requires that parents are notified in writing of the disciplinary practices used by the child care facility. By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

How did you hear about us? _____

Signature: _____ Date: _____

REGISTRATION & SUPPLY FEES MUST ACCOMPANY THIS APPLICATION