

Class _____

Amount Paid _____
(No refund after May 3)

SUMMERFEST 2010 Registration Form

Requirements: Must be three years old by December 31, 2010 through six years old and completed Kindergarten. *Your child must be potty-trained to be in the Summerfest Program.*

Name of Child _____ Nickname _____ (M or F)

Parent's Name _____ Home Phone _____

Cell Phone _____ Email _____

Father's Work Phone _____ Mother's Work Phone _____

Home Address _____ Zip _____

Child's Age _____ Birthdate M/D/Y _____

Please list any medical problems, allergies, or behavioral patterns that may require special attention.

Please list two persons to contact in case of accident or illness when parents cannot be reached.

1. _____ (relationship) Phone # _____

2. _____ (relationship) Phone # _____

Summerfest is Monday through Thursday from 9:00 a.m. - 2:00 p.m. One session is \$260.00. Both sessions are \$500.00.

_____ Session 1 Only "Celebrating Children's Authors" June 21 - July 1

_____ Session 2 Only "Under The Big Top" July 12 - July 22

_____ Both sessions

I certify that my child has had a physical exam by a physician within the last year and is able to participate fully in the Summerfest Program. My child's immunizations are current. Children new to CHUMS will need to provide a current immunization record.

EMERGENCY MEDICAL AUTHORIZATION

In the event that I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the staff to call EMS or take my child to the nearest hospital

Parent Signature

Date

Director Signature

Date

(Over)