

Rockland Daycare Summer Camp
Enrollment & Authorization Form

Child's Name: _____

Address: _____ Phone: _____

Age: _____ Sex: _____ D.O.B: _____ Grade: _____

Father: _____

Mother: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

E-mail: _____

E-mail: _____

MY CHILD MAY BE DISMISSED TO EITHER PARENT: YES NO

If "NO", legal document must be on file in the office.

If parents cannot be contacted please notify:

Name: _____

Relationship: _____

Address: _____

Phone: _____

I hereby authorize the Rockland Daycare to release my child to the following persons
other than myself: (Please list at least two people)

Name: _____

Relationship: _____

Address: _____

Phone: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____

Name: _____

Relationship: _____

Address: _____

Phone: _____

Please specify your child's schedule below: (must be at least 4 hours a day)

Friday's are our field trip days so you must schedule your child for a full 8-hour day

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Please check off which enrichment programs you would like your child to attend:

Each program has a capacity so enrollment is on a first come first serve basis

Week 1: Maker Shaker Workshop _____

Week 2: ALL children will attend _____

Week 3: Art Blast _____

Week 4: Top Secret Science _____

Week 5: Wicked Cool Vet School _____

Week 6: The Funky Side of Art _____

Week 7: Dig Big! _____

Week 8: Wizard and Warrior Adventure _____

Please specify your child's camp T-shirt size: SM MD LG XL

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the Rockland Daycare to arrange for transportation by the Rockland Fire Department to the _____ (or nearest hospital) and to secure the necessary medical treatment.

Parent/ Guardian Signature: _____

Date: _____