



## 2019 Summer Camp Registration

Today's Date: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Office Use:

- Currently/Previously attended Abacus
- New to Abacus

T-Shirt Size (Please Circle)

XS 4-5      S 6-8      M 8-10  
L 10-12      Adult S

Child's Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Grade Completed \_\_\_\_\_

Please circle weeks:

June	July	August
Week of June 3 - June 7	Week of July 1 - July 5*	Week of July 29 - Aug. 2
Week of June 10 - June 14	Week of July 8 - July 12	Week of Aug. 5 - Aug. 9
Week of June 17 - June 21	Week of July 15 - July 19	Aug. 12, 13 **
Week of June 24 - June 28	Week of July 22 - July 26	

\*July 4<sup>th</sup> - Abacus Closed - Independence Day    \*\* Aug. 14<sup>th</sup> Abacus Closed - Teacher Work Day

Please list requested individual days below:

<u>June</u>	<u>July</u>	<u>August</u>

Child's Address

\_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address \_\_\_\_\_ Last four digits of SS# \_\_\_\_\_  
(please print clearly)

Guardian's Name \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address \_\_\_\_\_ Last four digits of SS# \_\_\_\_\_  
(please print clearly)

(continued on back)

I hereby authorize Abacus School to allow my child to leave the school ONLY with the following persons:

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

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

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

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

List any concerns that your child may have, such as allergies, food restrictions, existing illnesses, previous serious illnesses, injuries, during the past twelve months, any medication prescribed for continuous long-term use, and any other information which our team should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

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I. AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the school director or designee to take my child to:

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I give consent for these facilities to secure any and all necessary emergency medical care for my child:

\_\_\_\_\_  
Parent/Guardian Signature

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II. TRANSPORTATION: I hereby give / do not give my consent for my child to be transported and supervised by Abacus employees.

III. WATER ACTIVITIES: I hereby give / do not give my consent for my child to participate in water activities in wading pools / swimming pool.

IV. FIELD TRIPS: I hereby give / do not give my consent for my child to participate in field trips organized by the school.

My child attends the following school during the Academic School Year:

Name of School \_\_\_\_\_ Phone Number \_\_\_\_\_

His/her immunization record is on file at the school and all required immunizations are current. Vision/Hearing screenings are also on file.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date