



2021 Summer Camp Registration

Today's Date: _____ Male _____ Female _____

Office Use:

- Currently/Previously attended Abacus
- New to Abacus

T-Shirt Size (Please Circle One)

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 which weeks your child will attend:

<u>June</u>	<u>July</u>	<u>August</u>
Week of 6/1 - 6/4	Week of 7/6 - 7/9	Week of 8/2 - 8/6
Week of 6/7 - 6/11	Week of 7/12 - 7/16	Week of 8/9 - 8/11
Week of 6/14 - 6/18	Week of 7/19 - 7/23	
Week of 6/21 - 6/25	Week of 7/26 - 7/30	
Week of 6/28 - 7/2		

Abacus Closed: May 31st (Memorial Day), July 5th (Independence Day), & August 13th (Teacher Workday)

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 (please print clearly): _____

Guardian's Name: _____ Relationship to Child: _____

Cell: _____ Home: _____

Email Address (please print clearly): _____



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:

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 or Closest Hospital: _____ Phone: _____
Address: _____

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

Parent/Guardian Signature

PLEASE CIRCLE Give or Do Not Give:

- 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

