

Superstar Summer Care

5009 Broadway Ave Miss Becki's cell 587-877-7827

Weekly Camp Sign Up: (Check the weeks your child is attending)

Week 1 July 4-8 Week 2 July 11-15 Week 3 July 18-22 Week 4 July 25-29 Week 5 Aug 2-5

Week 6 Aug 8-12 Week 7 Aug 15-19 (Running 7:30-5:30 daily)

Early/Late pickup may be available for an extra fee.

All weeks are \$300.00 except Week 5 which is \$240.00. Payment due at time of registration.

Child's Full Name: _____

Date of Birth: _____ Age as of July 2022: _____

Street Address: _____

Allergies/Medical Conditions: _____

Immunized: YES NO

Parent/Guardian Info:

Parent : _____

Parent: _____

Address: _____

Address: _____

Email: _____

Email: _____

Work #: _____

Work #: _____

Cell #: _____

Cell #: _____

Emergency Contact:

Name: _____

Relationship to child: _____

Home #: _____

Cell #: _____

FOIP:

I give permission for photos or videos to be taken of my child/children to be used by Little Star Programs for publication on social media. I Do I Do Not

First Aid:

I give Little Star Staff permission to administer first aid to my child in the event of an accident or unforeseen event. I also give permission for my child to be transported in the event of an emergency to the closest hospital or if necessary, to call an ambulance for my child and allow my child's information to be shared with emergency personnel.

Covid-19:

I understand and agree to follow any Covid-19 safety protocols and regulations.

Outings Permission:

I give Little Star Staff permission to take my child for walks in the community and to visit parks including the spray park. I agree to provide sunscreen/insect repellent and give Little Star Staff permission to apply to my child. Any field trips outside of these parameters will have a separate permission form.

Alternate Drop off/Pick Up People:

Name: _____ Cell #: _____

Name: _____ Cell #: _____

Parent signature: _____ **Date:** _____