**Worldplus Chinese School**

**Day Camp Enrollment Form 2019-2020**

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| **Student Name:** | Birthdate: |
| **Parent/Guardian Contact Information** | |
| **Name (first, last)** Relationship | |
| Cell Phone: Work Phone: | |
| Email: | |
| **Name (first, last)** Relationship | |
| Cell Phone: Work Phone: | |
| Email: | |
| **Medical Information** | |
| Insurance Provider | Policy Number |
| Primary Physician Name | Phone |
| Dentist Name | Phone |
| Does your child have any allergies or health programs?  Yes  No  If yes, please describe: | |
| **Parent or Guardian Authorization**    I give my permission for medical assistance to be administered to my child whenever  such care is needed, including ambulance. (i.e., First-Aid cream for bruises and/or  scrapes, bandages, etc. Otherwise, you and/or your child’s pediatrician will be called.)  I give permission for my child to be photographed during classroom hours or fieldtrips by their teachers. The photos may be used for publicity, marketing, advertising or news purposes.  Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |