**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  NoIf yes, please describe: |
| **Parent or Guardian Authorization**  I give my permission for medical assistance to be administered to my child wheneversuch care is needed, including ambulance. (i.e., First-Aid cream for bruises and/orscrapes, 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |