

# 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 5-9 ☐ Week 2 July 12-16 ☐ Week 3 July 19-23 ☐ Week 4 July 26-30 ☐ Week 5 Aug 3-6

☐ Week 6 Aug 9-13 ☐ Week 7 Aug 16-20 (Running 7:30-5:30 daily)

**All weeks are \$225.00 except Week 5 which is \$180.00. Payment due at time of registration.**

☐ **Child's Full Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of July 2021: \_\_\_\_\_

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

Allergies/Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

## 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 in 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 all new 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. I agree to provide sunscreen/insect repellent and give Little Star Staff permission to apply to my child.

## Alternate Drop off/Pick Up People:

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

## Unattended Arrival/Departure for ages 9 and up:

I give permission for my child to sign themselves in/out and arrive/leave unattended. ☐ YES ☐ NO (9 and up)

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_