



# Morning Song Summer Camps 2024

Child's name \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_ / \_\_\_ / \_\_\_ Allergies \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_

Please ♥ the sessions you wish to reserve.

Payment is due at the first day of each camp session.

Slumber Garden (extended day option) is available on all days up until 3pm.

\* Monday and Friday are also available upon request. Please contact Joya for this option.

**DON'T FORGET....Note your camp dates on your calendar!**

Each camp session	June 4 - 6	_____	July 9 - 11	_____
is from <b>9am - 1pm</b>	June 11 - 13	_____	July 16 - 18	_____
\$200 per session	June 18 - 20	_____	July 23 - 25	_____
~ Thank you ~	June 25 - 27	_____	July 30 - Aug 1	_____

\*\*\* August camps upon request.

## EMERGENCY INFORMATION

Parent's name \_\_\_\_\_ Home phone \_\_\_\_\_

Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Parent's name \_\_\_\_\_ Home phone \_\_\_\_\_

Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_

### LIST TWO OTHER EMERGENCY CONTACTS WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Cell phone \_\_\_\_\_

2. Name \_\_\_\_\_ Home phone \_\_\_\_\_

Relationship \_\_\_\_\_ Cell phone \_\_\_\_\_

**In case of accident or serious illness, I request that Joya Matza contact me. If she is unable to reach me, I hereby authorize her to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, Joya Matza may make whatever arrangements deemed necessary.**

**I assume all financial responsibility and waive all claims against Morning Song Nursery/Joya Matza for any injuries or illnesses sustained by the above-named child.**

**\*Taking COVID-19 into consideration I accept the risks of sending my child to Morning Song. \_\_\_\_\_ (initial)**

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Physician's name \_\_\_\_\_ Office phone \_\_\_\_\_

Address \_\_\_\_\_

Which hospital do you prefer? UNC \_\_\_\_\_ DUKE \_\_\_\_\_

Dentist's name \_\_\_\_\_ Office phone \_\_\_\_\_

**Does this child have any physical disabilities or anything else I should know about them? Please explain (on back of form).**