

Enrollment Application

Child's Full Name: _____

Child's Classroom: **Elementary Care** Program Schedule: **5 HALF** or **5 FULL DAY**

Child's Start Date: _____ / _____ / _____

Child's Home Address: _____

City: _____ State: _____ Zip: _____

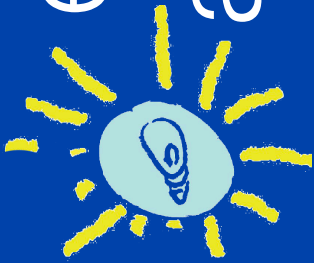
Telephone: _____ DOB: _____ / _____ / _____ Birthplace: _____

Citizenship: _____ Is your child bilingual? yes no

If so, what language(s)? _____

Male _____ Female _____

enrollment application



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Present School Information

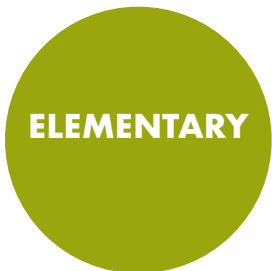
Present School: _____

School Address: _____

School Telephone: _____

Notes:

Attach Child's Photo Here



Elementary Care
(6-10 years old)

Program Days
5 Days= (M-F)

Hours
Half Days=
(8:30am-12pm)
Full Days=
(8:30am-3:30pm)

Carpool Pickup
Half Days=
(11:45am-12pm)
Full Days=
(3:15-3:30pm)

Applicant's Mother/ Legal Guardian

Name: _____

Home Phone: _____

Cell Phone: _____

Home Address: _____

Employer: _____

Occupation/Position: _____

Work Phone: _____

Work Address: _____

Email: _____

Applicant's Father/ Legal Guardian

Name: _____

Home Phone: _____

Cell Phone: _____

Home Address: _____

Employer: _____

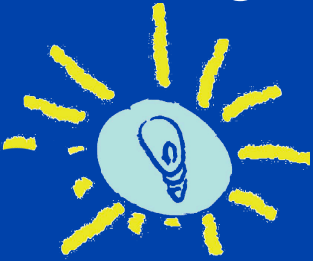
Occupation/Position: _____

Work Phone: _____

Work Address: _____

Email: _____

enrollment application



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TOTAL TUITION DUE:
\$ _____

SUMMER CAMP

Summer Care Enrollment: Please check each week & circle the program you want to participate in (F=Full-Day & H=Half-Day)

- _____ June 2nd-6th Recycled Makers Camp **(5 Full-Day or 5 Half-Day)**
- _____ June 9th-13th Camp Shark Amici Tank **(5 Full-Day or 5 Half-Day)**
- _____ June 16th-20th Lights, Camera, Action Camp **(5 Full-Day or 5 Half-Day)**
- _____ June 23rd-27th Waterpalooza Camp **(5 Full-Day or 5 Half-Day)**
- _____ June 30th-3rd Robo-Rumble Robotics Camp **(4 Full-Day or 4 Half-Day)**
- _____ July 7th-11th Artistic Adventure Camp **(5 Full-Day or 5 Half-Day)**
- _____ July 14th-18th Mad Scientist Mania Camp **(5 Full-Day or 5 Half-Day)**
- _____ July 21st-25th Master Lego Builders Camp **(5 Full-Day or 5 Half-Day)**

ELEMENTARY CARE (6-11 yrs. old) EXPERIENCE CARE PROGRAMS

While each week explores a different focus, the Elementary students will be challenged to think outside the box as they use critical and creative thinking skills to solve problems and discover new possibilities. Each week of Summer Care is designed to build on the children's ideas and culminate a project by the end of the week.

FULL-DAY CARE	5 FULL DAYS (M - F) \$295.00	* FULL-DAY CARE- JULY 4TH	4 FULL DAYS (M - TH) \$236.00
HALF-DAY CARE	5 HALF DAYS (M - F) \$200.00	* HALF-DAY CARE-JULY 4TH	4 HALF DAYS (M - TH) \$160.00

Method of Payment

Full Name: _____
Billing Address: _____ City: _____ State: _____ Zip: _____

_____ Paid online on www.bambinicreativi.com/summer-camp

_____ Check Check # (_____)
Total Amount of Check \$: _____

_____ Cash Total Amount of Cash Paid \$: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

NOTES:

INCLUDES: All programs include organic milk, snacks, program supplies and materials.

IMPORTANT: FULL DAY STUDENTS MUST BRING A SACK LUNCH THAT WILL BE REFRIGERATED! NUT RESTRICTED-Lunches with nut products will not be served.

*** THERE WILL BE NO REFUNDS ISSUED. SUMMER CARE STAFFING AND MATERIALS ARE BASED ON YOUR ENROLLMENT.**



Identification & Emergency Contact

Child's Name: _____

Class: _____ DOB: _____

Mother/ Guardian

Father/ Guardian

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Home Address: _____

Home Address: _____

Work Name: _____

Work Name: _____

Work Phone: _____

Work Phone: _____

Work Address: _____

Work Address: _____

Persons authorized to pick up child

Name	Home Phone	Work Phone	Cell Phone

Persons to be called in case of emergency

Name	Relationship to child	Address	Phone

Is there pertinent medical history of which we should be aware of such as food and other allergies, nose bleeds, etc? _____ If yes, please specify: _____

Does your child require an Asthma or Allergy Action Plan? _____ YES _____ NO

Is your child on regular medication? _____

If so, what medication(s)? _____

Name of person completing the form: _____ Date: ____/____/____

Medicine Authorization Form

* Must provide a copy of current doctor's immunization records

Child's Name: _____ DOB: ___/___/___ Age: _____

Name of Parent or Legal Guardian: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Email: _____

Medical Summary

List any diagnosis or health concern (asthma, diabetes, chronic illness, seizures, etc.): _____

If your child does suffer from asthma, diabetes or other any chronic illness, you will be required to fill out a Medical Action Plan.

Has the child ever had a severe reaction to anything (penicillin, bee stings, etc.)?

Please list all of the child's severe food allergies: _____

If, yes, please explain including whether the child needs an Epi-pen at school.

List any current or prescribed medications and dosages:

List any past hospitalizations, surgeries or injuries (ear infections, placement of tubes, tonsillectomies, etc.): _____

Please list any family medical history that might be important for the school to know: _____

List any speech/ language or motor development concerns that you or the parents have: _____

Other Comments: _____

Parent Signature: _____ Date: ___/___/___



documentation
release



BAMBINI CREATIVI

Documentation Release

I hereby authorize Bambini Creativi to publish photographs, artworks, project works, videos, and audio recordings taken of me and/or the undersigned minor children, and our names listed below for use in Bambini Creativi's printed publications, video documentaries, audio recordings, and internet websites.

I release Bambini Creativi from any expectation of confidentiality for the undersigned minor children and myself attest that I am the parent or legal guardian of the child/ren listed below and that I have the authority to authorize Bambini Creativi to use their photographs, visual, audio recordings, work samples, and names.

I acknowledge that since participation in publications and websites produced by Bambini Creativi is voluntary, the minor child/ren will not receive financial compensation.

I further agree that participation in any publication and website produced by Bambini Creativi confers no rights of ownership whatsoever. I release Bambini Creativi, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Please complete the following:

Parent/ Guardian: _____ Date: ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____

Name and Ages of Minor Children:

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

I hereby certify that I am the Parent or Legal Guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent or Guardian Print Name: _____

Parent or Guardian Signature: _____

Date: ____/____/____



Sunscreen permission



BAMBINI CREATIVI

Parent's/Guardian's Permission to Apply Sunscreen to Child

Child's Name _____

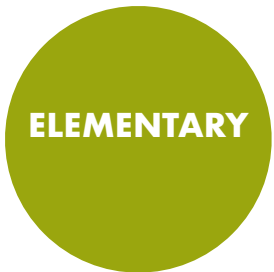
As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at: **BAMBINI CREATIVI** to apply a sunscreen product of SPF-15 or higher to my child, as specified below, when he or she will be playing outside, especially during the months of June through August and between the daily times of 9 a.m. and 5 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:

- I do not know of any allergies my child has to sunscreen.
- Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle.
- I have provided the following brand/type of sunscreen for use on my child:
- My child is allergic to some sunscreens. Please use only the following brand(s) and type(s) of sunscreen:
- For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

Parent/Guardian Print Full Name: _____

Signature: _____

Date: _____



Release of Liability



BAMBINI CREATIVI

SUMMER CAMP

Parent's/Guardian's Permission to Apply Sunscreen to Child

Child's Name _____

In consideration of the above-named Participant's privilege to participate in the Bambini Creativi's Summer Camp program, I, the undersigned **Parent / Guardian (please circle one)**, on behalf of the Participant understand and agree, for myself, my spouse, children, heirs, executors, administrators or assigns, that the Bambini Creativi LLC is not and shall not be responsible for, or otherwise liable for, any illness or injury to person or damage to property that I or the Participant may suffer as a result of the Participant's participation in the Program. As such, I hereby forever release and hold harmless the Bambini Creativi, its employees, agents and representatives, from any and all claims of any kind that I, my heirs, executors, administrators or assigns may have or claim to have resulting from the Participant's participation in said Program, whether directly or indirectly incurred. I recognize there are inherent risks and dangers in the activities in the Program that the Participant will take part in. On behalf of the Participant, I expressly agree to accept and assume all such risks existing in such activities in the Program, including risks of injury. I acknowledge that I have been urged and advised to seek the advice of a physician before the Participant participates in the Program. I CERTIFY THAT I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND UNDERSTAND IT TO BE A RELEASE AND WAIVER OF ALL CLAIMS OR CAUSES OF ACTION FOR THE ABOVE-NAMED MINOR PARTICIPANT'S INJURY, DEATH, OR DAMAGE TO SAID PARTICIPANT'S PROPERTY THAT OCCURS AS A RESULT OF SAID PARTICIPANT'S PARTICIPATION IN THE ABOVE-NAMED PROGRAM. I FURTHER REPRESENT THAT I HAVE FULL AUTHORITY TO SIGN THIS RELEASE OF LIABILITY ON BEHALF OF THE ABOVE-NAMED MINOR PARTICIPANT. **Initials** _____

ELEMENTARY



Parent/Guardian Print Full Name: _____

Signature: _____

Date: _____