

## Enrollment Application

Child's Full Name: \_\_\_\_\_

Child's Classroom: **Early Year's Camp** Program Schedule: **2 FULL, or 3 or 5 (HALF/FULL)**

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 \_\_\_\_\_

### Present School Information

Present School: \_\_\_\_\_

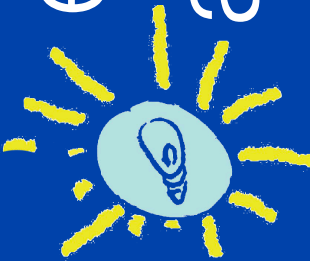
School Address: \_\_\_\_\_

School Telephone: \_\_\_\_\_

Notes:

Attach Child's  
Photo Here

enrollment  
application



BAMBINI CREATIVI

EARLY YEARS

**Early Year's Camp**  
**(2.5-5 years old)**  
**\*Must be potty**  
**trained**

**Program**  
**2 Days= (T/TH)**  
**3 Days= (M/W/F)**  
**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: \_\_\_\_\_

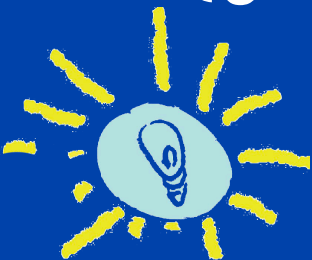
Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

# enrollment application



BAMBINI CREATIVI

# SUMMER CAMP

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

- \_\_\_\_\_ June 2nd-6th Capture Creativity Camp (5FD/5HD/3FD/3HD/2FD)
- \_\_\_\_\_ June 9th-13th Backyard Adventures Camp (5FD/5HD/3FD/3HD/2FD)
- \_\_\_\_\_ June 16th-20th Imagination Safari Camp (5FD/5HD/3FD/3HD/2FD)
- \_\_\_\_\_ June 23rd-27th Waterpalooza Camp (5FD/5HD/3FD/3HD/2FD)
- \_\_\_\_\_ June 30th-3rd Sensory Splendor Camp (2HD/2FD(M/W)OR(T/TH)/ 4HD/4FD)
- \_\_\_\_\_ July 7th-11th Colorful Chaos Camp (5FD/5HD/3FD/3HD/2FD)
- \_\_\_\_\_ July 14th-18th Ready, Set, GO! Camp (5HD)
- \_\_\_\_\_ July 14th-18th Science Whiz Kid Camp (5FD/5HD/3FD/3HD/2FD)
- \_\_\_\_\_ July 21st-25th Wild Animals Tails & Whiskers (5FD/5HD/3FD/3HD/2FD)

## AMICI CARE-children (3-5yrs.old)

### SUMMER CARE PROGRAMS

Each week children focus on an exciting investigations, but each day children get 60 minutes of uninterrupted play with their friends, time for music and movement, outdoor exploration, story time, and wholesome healthy snacks.

\* MUST BE POTTY TRAINED.

HALF-DAY CARE	FULL-DAY CARE	*OPTIONS FOR WEEK OF JULY 4TH
5 HALF-DAYS (M - F) \$200.00	5 FULL-DAYS (M - F) \$295.00	5 FULL-DAYS (M - F) \$295.00
3 HALF-DAYS (M/W/F) \$120.00	3 FULL-DAYS (M/W/F) \$195.00	2 FULL-DAYS (M/W OR T/TH) \$130.00
	2 FULL-DAYS (T/TH) \$130.00	2 HALF-DAYS (M/W OR T/TH) \$80.00

### Method of Payment

Full Name : \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_ Paid online on [www.bambinicreativi.com](http://www.bambinicreativi.com)

\_\_\_\_\_ Check Check # ( \_\_\_\_\_ )

Total Amount of Check \$: \_\_\_\_\_

\_\_\_\_\_ Cash Total Amount of Cash Paid \$: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### NOTES:

TOTAL TUITION DUE:  
\$ \_\_\_\_\_

**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

EARLY YEARS

## 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** \_\_\_\_\_

Parent/Guardian Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_