

Student Name:

Date of Birth: ____/____/____ Age: _____

Parent Name _____

Parent Name _____

Address: _____

Parent Phone Numbers: _____ (Mom)

_____ (Dad)

Emergency Contact Name/Relationship (if we are unable to contact either parent)

_____ (____) _____

Name and contact information of anyone authorized to pick up your child.

_____ (____) _____

_____ (____) _____

_____ (____) _____

Allergies: _____

Potty Trained or Diapers (circle one- Diapers or pull ups only allowed for age 2 and just turning 3)

Anything we should know about your child: _____



Parents copy of weeks selected:

Summer Camp Themes

Mark Weeks attending/days per week

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- ____ / ____ Week 1- June 1-4 (M-Th) Luau on the Beach
- ____ / ____ Week 2- June 8-11 (M-Th) Soar Like a Superhero
- ____ / ____ Week 3- June 15-18 (M-Th) Roar Like a Lion (Zoo week)
- ____ / ____ Week 4- June 22-25 (M-Th) Time Travelers Week
- ____ / ____ Week 5- June 29-July 2 (M-Th) Bugs Galore
- ____ / ____ Week 6- July 13-16 (M-Th) Theme Park week
- ____ / ____ Week 7- July 20-23 (M-Th) Winter in July
- ____ / ____ Week 8- July 27-30 (M-Th) Paws and Claws (pet week)

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