

SUMMER SANDBOX

At Liberty School

EARLY CHILDHOOD PROGRAM
FOR AGES 3 1/2 TO 6 YEARS OLD

REGISTRATION FORM 2024

July 15th-25th
Monday-Thursday, 9-12:00

Registration is required by:
July 1st, 2024

Children must be potty trained.
Parents will be notified and payment returned
if the class is canceled due to low enrollment.

Child's Name: _____ Birth date: _____

Address: _____ City: _____ Zip: _____

Phone: home _____ cell _____

Parents' Names: _____ / _____
(Legal Guardian)

Email: _____

Completed enrollment forms and \$315.00 registration payment are due on day of registration. There will be a \$30.00 processing fee for cancellations before July 1st. After that date, the first week's camp fee will be charged.

Summer Sandbox Parent Questionnaire

Child's Name: _____ Birth date: _____

Has your child experienced being separated from you for a short period of time?
If so, how did your child react?

Does your child have any previous preschool experience?

How does your child usually react to new situations?

What's the best way to comfort your child?

Does your child have food, insect, pet allergies, or asthma?

Does your child have any health problems, special needs, or taking any medication we should be aware of?

Is your child potty trained?

What are some of your child's special interests and skills (academic, sports, hobbies)?

Is there anything else that you think would be helpful or important for us to know about your child?

Parent Questionnaire

1/8/24

Summer Sandbox Emergency Form

Child's Name _____

Mother/Guardian Name _____ Cell # _____

Father/Guardian Name _____ Cell # _____

Home Address _____

City, State, Zip _____

Home Phone _____

Email _____

Name of Child's Physician _____

Phone # _____

Hospital preferred for emergency treatment _____

Name of Health Insurance carrier _____

Health Insurance policy number _____

Allergies, If any _____

**Name(s) of person other than parent or legal guardian to whom child
May be released.** _____

**Name of local person to be notified in an emergency when parent is not
available and child may be released.**

Name _____ Relationship to child _____

Phone# _____ Cell# _____

Name _____ Relationship to child _____

Home _____ Cell# _____