



## Summer Camp Enrollment Form

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

Child's Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

### Mother's/Guardian's Information

Mother's/Guardian's Name: \_\_\_\_\_

Mother's Phone Numbers: Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

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

### Father's/Guardian's Information

Father's/Guardian's Name: \_\_\_\_\_

Mother's Phone Numbers: Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

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

### Please select the week(s) and days of the week that you are signing up for:

Week 1- Days attending: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Week 2- Days attending: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Week 3- Days attending: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Week 4- Days attending: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Week 5- Days attending: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Week 6- Days attending: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Week 7- Days attending: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Week 8- Days attending: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Week 9- Days attending: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Week 10- Days attending: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_



**Child Release Information:** No child may be released from the preschool other than to his/her parents/guardian or a person designated in writing to receive the child. Those people authorized to pick-up the child will be required to present photo identification until such time as the staff easily recognizes them. The following persons have my permission to pick up my child:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Media/Image/Video Permission:** Puddle Jumpers Nature Preschool wants to share the great things your children are doing! As part of this, we may publish photographs, videos, and work samples (including quotes) on our website, social media, or promotional printings. These items will never be accompanied by your child's name being used in print or verbally unless it is mentioned by a teacher or another child in a video taken at our nature preschool. This form also gives permission for photos, videos, or work samples to be used for educational purposes (for example, if one of our employees or volunteers needs a photo, video or work sample for a class project in the case of continued education courses.) In the case of these educational purposes, your child's real name will NOT be used. If you do not give permission, your child may still be partially present in photographs, be present in photographs where they are not facing the camera, or have their face blurred out in photos of other children. This allows us to protect your child's privacy without excluding them from class activities or making them sad by asking them to leave an activity so the activity can be documented. If you have any special privacy concerns (i.e., custody issues, foster care arrangements, etc.) please let us know so we can take special care to protect your child's privacy.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**Basic first aid and Bug Spray permission:**

I agree to provide a bottle of BUG SPRAY of my choice to be applied to my child as needed. The bottle of bug spray is to be kept inside your child's backpack in a sealed Ziploc bag.

**Parent Bug Spray Tips:**

- We Recommend Swamp Gator natural bug repellent
- OFF deep woods or CUTTER backwoods also work well However, they contain the harmful pesticide chemical DEET.
- All Natural Homemade Bug Spray Recipe: Distilled water & Cinnamon bark & Lemon Grass essential oils

I understand that SUNSCREEN APPLICATION is my responsibility and must be applied at home before dropping off.



I agree to allow the following first aid remedies to be applied to my child if the staff deems it necessary for treatment of any minor injury that might need basic first aid treatment. Basic first-aid remedies include: Bactine & Band-aids

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

### Authorization for Emergency Medical Care

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness, accident, or injury, I give my permission for the owner or staff of Puddle Jumpers Nature Preschool to obtain whatever treatment may be deemed necessary for:

1. \_\_\_\_\_  
(Full name of Child #1) (D.O.B)

Does your child have any known allergies? If yes, please list \_\_\_\_\_

Does your child's allergy require an EpiPen? \_\_\_\_\_

2. \_\_\_\_\_  
(Full name of Child #1) (D.O.B)

Does your child have any known allergies? If yes, please list \_\_\_\_\_

Does your child's allergy require an EpiPen? \_\_\_\_\_

3. \_\_\_\_\_  
(Full name of Child #1) (D.O.B)

Does your child have any known allergies? If yes, please list \_\_\_\_\_

Does your child's allergy require an EpiPen? \_\_\_\_\_

**Emergency Parental Consent** When there is a medical emergency, or when a child needs immediate medical treatment, Puddle Jumpers Nature Preschool owner or staff will take all reasonable steps to see that the children in their care receive first aid to the best of their ability and/or adequate medical care. When appropriate, the preschool staff will call 911 and then notify parent(s) as soon as possible. If the parent(s) cannot be reached we will call the persons listed below who are authorized by the parent to give permission for the medical treatment of the child.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_



If the parent(s) and the authorized person(s) cannot be reached, next we will call the child's doctor, identified below. The child will be taken to the closest hospital. In a situation where the parent(s) and the person(s) authorized to give permission for medical treatment cannot be reached, the parent authorizes the child's doctor to provide the appropriate medical treatment for the child.

### **Emergency Medical Contact Information**

**If neither parent or guardian can be reached in case of an emergency please call:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name of Child's Doctor:** \_\_\_\_\_ **Doctor's office phone:** \_\_\_\_\_

**Doctor's office address:** \_\_\_\_\_

**Name of Child's Dentist:** \_\_\_\_\_ **Dentist's office phone:** \_\_\_\_\_

**Dentist's office address:** \_\_\_\_\_

**Your Hospital of Choice:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Child's Insurance Card #:** \_\_\_\_\_

I agree to promptly notify Puddle Jumpers Nature Preschool of any changes of the above information. This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. False information may result in termination of preschool enrollment, forfeiture of preschool tuition, or both. I agree to be responsible for any and all costs related to transportation or treatment my child's receives for medical care.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)



## Healthy Foods Policy

- **Breakfast must be eaten at home before arrival at camp** (Please DO NOT send your child into camp still eating breakfast or snacks.)
- **lunch is served at 11:30am**
- Parents agree to provide healthy foods and snacks and a reusable thermos water bottle filled with **WATER ONLY**. The only drink served at camp is WATER.
- Snacks/Lunches must be in a lunchbox with an ice pack to maintain food safety temperatures.
- Healthy ready to eat foods in child size portions only please. We allow parents to choose foods to account for each child's individual food sensitivities, allergies, each family's cultural food customs, dietary standards and preferences as long as the food provided is healthy and not junk food. Fruits and veggies are great snacks!
- We do not heat up or prepare food as this requires health department certification. Water refills are always available.
- **No junk foods are permitted or served.** Our camp follows the child nutrition standards for early childhood programs. We do not serve children junk food including chips, cheetos, cookies, cupcakes, snack cakes, puddings, gummy fruit snacks, jello, or any other sugary or salty treats with no nutritional value. These junk foods are prohibited in our camp program. Chewing gum, candy and sugary sweets are prohibited in our camp program.
- We have a water cooler that dispenses cold and room temperature water for refills. We provide only water as a beverage when children are thirsty. We encourage drinking lots of water during our outdoor classroom time. This is a healthy alternative to keep children hydrated and cuts down on the empty calories which can lead to childhood obesity.

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(Parent/Guardian Signature)

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(Date)

### Waiver hold harmless agreement

I have read and agree to abide by the Camp handbook on the website:

[www.puddlejumpersnaturecamp.com](http://www.puddlejumpersnaturecamp.com)

On behalf of myself, my spouse, and each child designated (my "child") I enter into this Hold Harmless agreement with Puddle Jumpers Nature Preschool/Summer Camp.

**Facility Use:** Subject to this Agreement and other terms as Seasonal/Nature recreation camp program/Camp for my child which includes use of the facilities, and participation in active outdoor and indoor play activities.

**Health:** My child is in excellent health and physical condition and has no medical, psychological, behavioral, physical, or mental condition, which has not been disclosed to Puddle Jumpers Nature Preschool/Camp on the Registration form. My child does not have any infectious, contagious, or communicable disease and will never attend while suffering the symptoms of a contagious illness.



**Illness:** In the event that my child becomes sick with a contagious illness after visiting Puddle Jumpers Nature Preschool/Camp and the visit to Puddle Jumpers Nature Preschool/Camp occurred during the gestation period of such illness, I agree to notify Puddle Jumpers Nature Preschool/Camp as soon as possible to enable Staff, at its discretion, to notify families with children who may have been exposed.

**Medical Authorization:** Although Puddle Jumpers Nature Preschool/Camp does its best to provide a safe environment; I understand that it is possible that my child may get injured. If such an event occurs, I authorize Puddle Jumpers Nature Preschool/Camp to follow its internal procedures, including basic first aid as reasonably appropriate; however, I understand that the owner/director/staff shall not be required to strictly follow those guidelines when, in their judgment, circumstances may not require it. In the event that Puddle Jumpers Nature Preschool/Camp determines that emergency medical attention is necessary for my child, I authorize Puddle Jumpers Nature Preschool/Camp to act as an agent for me and give my permission for my child to be attended by emergency medical staff or a physician in such circumstances, as Puddle Jumpers Nature Preschool/Camp deems necessary.

**Safety/Indemnity:** I agree that Puddle Jumpers Nature Preschool/Camp may take action, which it considers prudent to protect the safety of my child and other children using the services of Puddle Jumpers Nature Preschool/Camp. I further agree to indemnify, defend and hold Puddle Jumpers Nature Preschool/Camp and its Owners, Officers, Directors, Staff, Agents and Employees and Margot Barnhardt Properties LLC harmless from and against all actions, claims, or liability, including Attorney fees and court costs, directly or indirectly caused by me in completing the registration form.

**Future Visits:** This Agreement, the Registration Form and the Release will be kept on file at Puddle Jumpers Nature Preschool/Camp and still continue to constitute binding legal obligations for any future visits my child may make to Puddle Jumpers Nature /Camp. However, this agreement does not obligate Puddle Jumpers Nature Camp/ Camp to continue to provide services and Puddle Jumpers Nature Preschool/ Camp reserves the right to refuse admission to any child for any reason without liability.

**Tuition Payment:** Summer Camp fees are to be paid **in advance** for our seasonal camp programs. Any changes in fees will be posted on the parent information board for at least 30 days. If I wish to discontinue enrollment a 30-day written notice is required. A credit card will kept on file and charged monthly on the same day as enrollment until such time as 30-day written notice is given to discontinue your child's participation in the program. As a condition to my use of Puddle Jumpers Nature Preschool/Camp and their facility, I have accurately completed and signed the Registration Form and Release. I understand that Puddle Jumpers Nature Preschool/Summer Camp will rely on this information in caring for my child. I agree to pay all costs and attorney fees arising out of my actions relating to this Agreement, the Registration form, or the Release for collection purposes or otherwise.

**Release Agreement** Puddle Jumpers Nature Preschool/Camp aims to provide an active, fun and safe environment for children. However, in any program for children, injuries can occur. In order for Puddle Jumpers Nature Preschool/Camp to be able to provide services to you, it is necessary that you assume certain risks. Thus, as a requirement to receive our services Puddle Jumpers Nature Preschool/Camp requires that you sign the Release Agreement. I, on behalf of myself, my spouse and each child designated on the Registration Form, waive and release all rights, causes of action and claims against Puddle Jumpers Nature Preschool/Camp, (and its Owners, Officers, Directors, Staff, Agents and Employees, for any and all loss of or damage to property or injuries suffered by my child during the time my child is in attendance at Puddle Jumpers Nature Preschool/Camp, including any possible negligence of Puddle Jumpers Nature Preschool/Camp. I understand that the provision of our services contains risk of injury to persons and damage to property, and that by signing this Release I engage Puddle Jumpers Nature Preschool/Camp to



provide care for my child at my own risk. I have been given an opportunity to ask questions and obtain answers to my satisfaction regarding any and all aspects of Puddle Jumpers Nature Preschool/Camp and the Release, including, but limited to, future risks, complications and costs. By signing this Release, I have not relied on any promises or statements made by Puddle Jumpers Nature Preschool/Camp other than those contained in the written information supplied to me by Puddle Jumpers Nature Preschool/Camp . I understand that this Release will be kept on file and will continue to be in effect for this and any future visits my child may make to Puddle Jumpers Nature Preschool/Camp . I HAVE READ THE ABOVE CAREFULLY AND I HAVE A FULL UNDERSTANDING OF THE CONTENT AND CONSEQUENCES OF THIS AGREEMENT BEFORE SIGNING. I FULLY UNDERSTAND AND AGREE TO ABIDE BY THE POLICIES AND GUIDELINES SET FORTH BY: Puddle Jumpers Nature Preschool/ Summer Camp.

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(Parent/Guardian Signature)

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(Date)

*I certify that all of the information given on this form is correct and accurate to the best of my knowledge. I agree to notify Puddle Jumpers Nature Preschool immediately if any or all of the above enrollment information changes.*

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(Parent/Guardian Signature)

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(Date)