Chapel by the Sea Preschool Summer Program

Child's Full Name
Child's Date of Birth
2-3year-old class – Four days/week (Tuesday, Wednesday, Thursday, Friday) – 8:30am-12:00pm \$100 registration fee & \$150.00 weekly/ 10 spots available
4-5year-old class – Four days/week (Tuesday, Wednesday, Thursday, Friday) – 8:30am-12:00pm \$100 registration fee & \$150.00 weekly/ 10 spots available
☐ Week 1/June 3 rd -6 th
☐ Week 2/June 10 th -13 th
☐ Week 3/June 17 th -20 th
☐ Week 4/June 24 th -27 th
☐ Week 5/July 8 th -11 th
☐ Week 6/July 15 th -18 th
☐ Week 7/July 22 nd -25 th
☐ Week 8/July 29 th -August 1 st

Enrollment Application Form

Chapel by the Sea Summer Program 6712 Emerald Drive. Emerald Isle, NC 252-764-0083

CHILD'S INFORMATION

Child's Full Name	
Date of Birth	
Gender	
Age	_
Parent/Guardian Names	
Mother/Guardian Name	
Father/Guardian Name	
Primary Contact Number	
Email Address	_
Emergency Contact (Other than Parent/Guardian)	
Name	
Relationship	
Phone Number	_
Does the child have any allergies or medical conditions?	
Yes	
No No	

Does the child have any dietary restrictions or pr	references?
Yes	
No	
Is the child up to date with vaccinations?	
Yes	
No	
Is the child currently on any medication?	
Yes	
No	
ENROLLMENT INFORMATION	
Requested Start Date	
Days/Hours of Care Needed	
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EMERGENCY AUTHORIZATION

In the event that we are unable to reach a parent/guardian in case of an emergency, I authorize [Chapel by the Sea] to:

- Seek emergency medical treatment for my child.
- Release my child to the emergency contact listed above.
- Contact the following individuals (please provide names and phone numbers):

Name:	Phone:
Name:	Phone:
Name:	Phone:
PHOTO/VIDEO	RELEASE
	are/Chapel by the Sea] permission to use photographs or the following purposes
WebsiteSocial MediaPromotional Mat	erials
	knowledge that all information provided is <mark>accurate a</mark> nd
up to date.	
Parent/Guardian Si	gnature:
Date:	