



Together We Make a Difference

Office Use Only

Age 2 and Under:  
Registration fee \$50 \_\_\_\_\_  
Half Day (195/week) \_\_\_\_\_  
Full Day (215/week) \_\_\_\_\_

Ages 3 and Up:  
Registration fee \$50 \_\_\_\_\_  
Half Day (175/week) \_\_\_\_\_  
Full Day (195/week) \_\_\_\_\_

# Inspire Me Learning Academy

140 N Lansdowne Ave, Lansdowne, PA 19050 · 484-461-8008 · inspiremelearning@gmail.com

## Registration Form **SUMMER CAMP** July 5th- August 26<sup>th</sup> 2022

Half Day (8:30-3:00) \_\_\_\_\_ Full Day (8:30-5:30) \_\_\_\_\_

### Child's Information

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

Primary Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Place of work: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

Primary Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Place of work: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Address of Physician: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Child's general health: \_\_\_\_\_

\_\_\_\_\_

Please list any medical needs (allergies, asthma, etc.) that may require emergency care: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signs or Symptoms to look for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If signs/symptoms appear, do this: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other instructions or comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Emergency Medical Consent**

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_, do hereby give permission to the staff of Inspire Me Preschool Academy to secure and authorize such emergency medical care and/or treatment as above-named child might require while under the supervision of staff at Inspire Me Preschool Academy. I further authorize said staff to administer emergency care/treatment as required, until medical assistance is available. I agree to pay all costs and fees contingent of any emergency medical care and/or treatment for said child as secured or authorized under this consent.

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

### **Emergency Contact/Authorized Pick-Up**

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

Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Individuals who are not on this list will not be permitted to pick up your child without written consent from a parent.**

**For the safety of the children, picture ID is required!**

Inspire Me Learning Academy, LLC.

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