

"Summer at Sand Hills 2022"

Child's Name _____ Preferred Name _____

Sex _____ Birth Date _____ * Currently Enrolled ___Y ___N

Week(s) or days attending?

_____	Week 1:	July 5 - 8	\$105.00
_____	Week 2:	July 11 - 15	\$130.00
_____	Week 3:	July 18 - 22	\$130.00
_____	Week 4:	July 25 - 29	\$130.00
_____	Per Diem	(list days below)	\$30.00/per day

Costs: Registration Fee \$15.00
Discounts: 20% sibling discount
25% church member discount
Discounts may not be combined.

Parent/Caregiver Names _____

Home Address _____

Home Phone # _____

Cell Phone # _____ (name)

Cell Phone # _____ (name)

Two emergency contact people authorized to pick up your child (other than those listed above)

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Cell _____ Cell _____

*2 year olds: must be three by Dec. 31, 2022, toilet trained, a Toddler Time attendee and / or enrolled for the upcoming Sand Hills Preschool September school year.

IF NOT ALREADY SUBMITTED, PLEASE SEND A COPY OF HEALTH IMMUNIZATION RECORD WITH PAYMENT BY JUNE 1, 2022.

Allergies or medical conditions: ___Y ___N

If Yes, explain _____

In the event of serious injury/illness, I give the Preschool permission to use whatever means necessary to save my child's life.

Parent/Caregiver

Signature _____ Date _____

Carpool information

In addition to the emergency contact names and numbers already provided, please list below the names, addresses and phone numbers of all carpool drivers that have your permission to pick up or drop off your child.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Give specific details of carpool arrangement, who will pick up, drop off, etc.

All carpool arrangements are to be made parent-to-parent directly. The school does not arrange for carpools and shall have no further responsibility for these arrangements or for ensuring transportation to and from school if such arrangements are made by you. **WE CANNOT** release your child to drivers not listed by you.

Parent / Caregiver Signature

Date