



Green Acres Weekday Preschool
 2085 Barnett Shoals Road
 Athens, GA 30605
 (706)549-1925 Fax: (706)543-5166
 Website: www.gabcweekdaypreschool.com

Summer Camp Registration Form

Child's Name: _____ Birthday: _____
 (Last) (First) (Middle) Mo. Day Yr.

Name Child is called: _____ SEX: _____ AGE: _____

Address: _____ PHONE: _____
 (STREET) (CITY) (ZIP)

E-mail address: _____ ALLERGIES*: _____

Date of application: _____

Please select one of the following classes:

- _____ completed 1's class
- _____ completed 2's class
- _____ completed 3's class
- _____ completed 4's class (Pre-K)
- _____ completed K

Please select the session(s) that you would like to attend:

- | | | | |
|----------------------|------------------------------|---------------|---------------|
| <u>Summer Camps:</u> | <u>Wonderful Wednesdays:</u> | | |
| _____ June 5-9 | _____ May 24 | _____ June 21 | _____ July 5 |
| _____ July 10-14 | _____ May 31 | _____ June 28 | _____ July 19 |
| | | | _____ July 26 |

Mother's Name: _____ Occupation: _____ Cell: _____
 Father's Name: _____ Occupation: _____ Cell: _____

Contact person and authorized pick-up to call who would assume responsibility for your child in an emergency if the school is unable to contact parents: (use as many lines as needed)

<u>Name:</u>	<u>Relation:</u>	<u>Phone:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Child's Health Record

Child's Doctor: _____ Phone: _____
 Address: _____
 Hospital Preference: _____

All students must provide an updated immunization record signed by a physician.

 PARENT'S SIGNATURE

*If an allergen is listed, you will need to fill out an allergen form that will be sent to you upon receipt of application.

Deposit amount paid: _____ Check # _____ or Online Confirmation # _____