



It Takes a Village & The Little Village

158 W Montauk Highway HB * 540 Montauk Hwy, East Quogue *

631-594-5289 * 631-996-2315 Ittakesavillagehb@gmail.com

Summer Camp Registration

Child's name _____ DOB _____

Guardian's name _____

Guardian's name _____

Address _____

Email address _____

Guardian's cell _____ Guardian's cell _____

- **Updated Medical records are required prior to first day of camp**

Emergency contact information

Name _____ relationship _____ phone _____

Name _____ relationship _____ phone _____

*These people will also be authorized to pick up your child in case of emergency, when proper ID is presented. We must be notified in advance if the parents or the emergency contacts are not able to pick up the child.

People approved to pick up your child

Name _____

relationship _____

Name _____ relationship _____

If persons other than parent/guardian or the above listed need to pick up your child, written consent is required in advance via paper, or email. Photo id is required at pick up.

Permission to treat:

In case of accident or injury I request the school to contact me. If the school is unable to get in touch with me, I authorize the school to contact my child's physician and to follow their instruction.

[] yes [] no

In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physician, surgeon, or hospital necessary for proper health and well-being of my child.

yes no Family

Physician _____

—

Address _____ Phone

Insurance company _____ Policy

Photo Release:

We are excited to share our days and experiences with you and your child. We love to take pictures and share our experiences. Please agree/disagree with what you are comfortable with.

Yes ___ no ___ Photos/videos may be used on public School website and Instagram

Please list any medical needs or allergies:

I agree to review and update this information whenever a change occurs.

X _____ date _____

Parent signature