

Purple Bloom School Summer Camp Registration Form

Student Name: _____ Student DOB: ____/____/20____ Student Age: _____

Please print or use fillable pdf format to type.

Office Use Only

Insurance card(s) attached

Form complete

Physical form attached

Date of completion: _____

Student (Camper) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone number: (____) _____ - _____

Parent/Guardian Name: _____

Parent/Guardian Address (if different from above) _____

City: _____ State: _____ Zip: _____

Parent/Guardian Home Cell Phone number: (____) _____ - _____

Parent/Guardian Name: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Address (if different from above) _____

Parent/Guardian Home Cell Phone number: (____) _____ - _____

Drop Off and Pick Up

The following people have permission to pick up or drop off my child to Purple Bloom School. NO OTHER PERSONS may pick up your child, even in the case of an emergency. If someone is sent to pick up the child we do not recognize, we will ask for I.D. If the person is not listed below, the child will NOT be released. Drop off is from 7:00AM-8:30AM. Pick up is from 3:30PM to 6:00PM.

In addition to parents and guardians:

Name: _____

Relationship to student: _____ Phone number: (____) _____ - _____

Name: _____

Relationship to student: _____ Phone number: (____) _____ - _____

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Emergency Contacts

By choosing this emergency contact, you give permission that they may be contacted while your child is in the care of Purple Bloom School, during school hours only.

Do not list parents/guardians.

Emergency Contact 1: _____

Emergency Contact 1 address: _____

City: _____ Zip: _____ State: _____

Emergency Contact 1 phone number Cell: (____) _____ - _____ Work: (____) _____ - _____

Relationship to Student: _____

Allergies

My child, (first name), _____ does not have any known allergies.

_____ (*Please initial that your child does not have any known allergies.*)

----- *OR* -----

My child, (first name), _____ is ALLERGIC TO (check all that apply):

tree nuts

peanuts

gluten

corn

dairy

pollen

latex

eggs

soy

fish

shellfish

other: _____

My child has a prescription for Epinephrine Auto-Injector (Epi-Pen®, Epi-Pen Jr.®, or generic equivalent in the correct dosage for the child's weight)

(check one):

YES

NO

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Medical Information

Please provide a copy of child's medical insurance cards.

Please provide a copy of your child's physical form. (Physical forms must have been completed within the last year.)

Expired medications or prescriptions will not be accepted for use. All medications and prescriptions must be in original container for use.

Child's Primary Care Doctor: _____

Name of Doctor's Office: _____

City: _____ Phone number: (____) ____ - _____

Child's Dentist: _____

Name of Dental Office: _____

City: _____ Phone number: (____) ____ - _____

Please list all of your child's current medications (prescriptions and non-prescriptions):

Please list any known medical conditions including asthma, injuries, etc.:

Does your child wear glasses or contact lenses? _____

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Billing Information

Mark an "X"	Camp Name	Tuition
	June 4 th to 8 th – Shark Take Week	\$299
	June 11 th to 15 th – Invention Convention/Makers Week	\$299
	June 18 th to 22 nd – The SMILE That Went Around the World	\$299
	June 25 th to 29 th – Kitchen Science	\$299
	July 2 nd , 3 rd , 5 th , and 6 th – World Peace	\$239 (4 days)
	July 9 th to 13 th – Reiki for Kids	\$299
	July 16 th to 20 th – Fitness and Sports Sampler	\$299
	July 23 rd to 27 th – Creative Cooking Week	\$299
	July 30 th to August 3 rd – Abundance “There is More Than Enough”	\$299
	August 6 th to 10 th – Thoughts Become Things	\$299
	August 13 th to 17 th – Talent Show	\$299
	Total Tuition Due:	

I will pay the full tuition up front.

I will pay 50% of the total tuition due now and the other 50% by June 1st.

Billing Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

After you submit this form, an invoice will be sent to you via email.

Email address: _____

Additional Information

Please list any additional information about your child that would be helpful for Purple Bloom School to know:

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Please read the follow statements and sign below

I understand my child will only be guaranteed a spot at the selected camp once at least 50% of the tuition is paid. I understand there will be no refunds for any reason after April 1st.

I will notify Purple Bloom School of any changes to my child's medical conditions including change in primary care doctor, change in dental care provider, allergies, or any other necessary medical information.

I give my permission for Purple Bloom School trained staff to administer Epinephrine Auto-Injector (Epi-Pen®, Epi-Pen Jr.®, or generic equivalent) in the correct dosage for child's weight to my child in case of allergic emergency.

I give permission to contact the emergency contacts listed while my child is in the care of Purple Bloom School during school hours.

I verify that the insurance information I provided to Purple Bloom School on behalf of my child is accurate and up to date.

I give permission that Purple Bloom School may seek appropriate emergency medical and dental services for my child while in the care of Purple Bloom School during school hours only.

I give permission for Purple Bloom School to administer sunscreen, hand cream, and basic 1st aid for my child. Please list any allergies to sunscreen or hand cream: _____

By signing below you are agreeing to all the statements above. Failure to agree to all of these terms will result in immediate dismissal from Purple Bloom School.

Signature of Parent/Guardian: _____ Date: _____

Photo Permission

I give permission that Katie Tsilosani* (director) may take pictures of my child and their school work to post on Purple Bloom School's private Facebook page to update parents and guardians.

I do NOT give permission for Katie Tsilosani to take pictures of my child.

*No one other than Katie Tsilosani will be allowed to take pictures at Purple Bloom School unless it is an event held with parents/guardians present and verbal permission is given to the said photographer at the time of event for that event only.

Signature of Parent/Guardian _____ Date: _____