

Welcome,

We are so pleased that you have chosen Aunt Jenn's Early Learning Center for Summer Camp. I hope you are as excited as I am for summer fun! Please complete the attached forms and return for registration. If you have any questions please feel free to contact me at 383-1060, or auntjennselc@hvc.rr.com. I am looking forward to a very happy summer!

Thank you,

Jenn Organtini Judware cell 845-532-7861

In order to have a safe and happy summer there are a few things that must be sent in for camp. Please see below for a list of things to bring.

ITEMS TO BRING THE FIRST DAY

- Completed packet of registration papers (if not submitted upon registering)
- Medical Forms and Emergency Cards must be submitted before your child can be left in our care.
- Labeled change of clothes (ie. Underwear, socks, and seasonable change of clothes)
- Inside shoes (ie. Slippers, slipper socks, etc.)
- Playground safe shoes; sneakers, closed toe sandals, etc. **ABSOLUTELY NO FLIP FLOPS OR OTHER OPEN TOED SHOES ARE PERMITTED ON THE PLAYGROUND.**
- Water bottle
- Hat
- Sunscreen (Must have permission slip)
- Bathing suit
- Towel
- Water shoes

IF YOUR CHILD WILL STAY FOR A FULL DAY PLEASE ALSO BRING

- Lunch
- Preschoolers will need rest time items (small blanket & pillow)

A large part of our day is spent outside except during inclement/dangerous weather conditions, so please dress accordingly.

PLEASE MAKE SURE TO HAVE ALL REGISTRATION, MEDICAL, AND EMERGENCY PAPERWORK SUBMITTED BEFORE YOUR CHILD'S FIRST DAY!

THE FIRST DAY OF SUMMER CAMP IS MONDAY, JULY 8th

Aunt Jenn's Early Learning Center, Inc.
General Information

Child's Name _____

Address _____

Date of Birth _____ Gender _____

Has your child had any other daycare or school experience (if yes, please explain the results)? _____

Are there any special foods or eating instructions/dietary restrictions, if yes, please explain

Does your child have any allergies (food or otherwise)? _____

Are there any medical conditions of which we should be aware (ie. Allergies, disabilities, etc.)? _____

Is there anything in your child's developmental history that we should be aware of?

Are there any circumstances regarding your child's physical, social, or emotional abilities that we should be aware of? _____

Please describe a few activities your child likes to do at home and/or with other members of his/her family _____

Is there anything else you would like us to know about your child? _____

**Aunt Jenn's Early Learning Center, Inc.
Emergency Form**

Child's Full Name _____ Phone _____

Address _____

Birthdate _____ Nickname _____

Mother's Name _____ Cell Phone# _____

Mother's place of employment _____ Phone# _____

Father's Name _____ Cell Phone# _____

Father's place of employment _____ Phone# _____

Name of family Physician _____ Phone _____

In case of emergency, please notify: _____

I give permission for my child to be picked up by the following people (ID required)

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Person who MAY NOT pick up my child _____