

Holiday "Spring" Day Camp Schedule

March 21 thru April 1, 2016

Student's Name(s) _____
 Birthdate(s) _____
 Parent's Name _____
 Daytime Phone # _____
 Email Address _____

Tuition \$40 full/\$30 1/2 day

*(Please be aware the days you pick are the days you will be charged for, Thanks)

** No Refunds**

Full day 7am-6pm Half day 8:30am-12:30pm

****On Field Trip days children MUST to be here by 9:00****

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Please write your Child's name in the desired day(s) then return with the full tuition by Fri. Mar. 11, 2016 Daily Art, Music, Science, Baking, Cooking, & Games including the Wii				
21-Mar	Magic Show 10:00 22-Mar	Bowling \$6 9:30 23-Mar	24-Mar	Easter Party & Egg Hunt 25-Mar
28-Mar	Cooking Day 29-Mar	Park Day with a Picnic 30-Mar	Mr Gizmo 10:00 31-Mar	Bowling \$6 9:30 1-Apr
Thank you for sharing this holiday with us! See you again in Summer 2016				

Parent Signature _____

Office Use Only: Total amount of tuition due \$ _____

****Signature Required: Legal Contract & Giving Permission to Attend Walking Fields Trip(s)****

Child Info Packet Received: Yes or No

Check #

Amount \$

Murrieta Ranch Pre-School & Kindergarten

Identification and Emergency Information

Child's Name _____ M or F _____ DOB _____
 Address _____
 City & State _____ Zip Code _____
 Family's Primary Email Address _____

Indicate a #1 or #2 in left hand box next to parent name, which parent to notify first in case of an Emergency)

<input type="checkbox"/>	Mother's Name _____	Daytime#	()	
	Place of Employment _____	Bus#	()	
	Last 4 digits SS# _____	Cell/Pgr #	()	
		Home #	()	
<input type="checkbox"/>	Father's Name _____	Daytime#	()	
	Place of Employment _____	Bus#	()	
	Last 4 digits SS# _____	Cell/Pgr #	()	
		Home #	()	

Person to call in case of emergency or illness if parents can't be reached

	Name	Relationship	Phone #
<input type="checkbox"/> I	_____	_____	() _____
<input type="checkbox"/> II	_____	_____	() _____
<input type="checkbox"/> III	_____	_____	() _____

Physician To Be Called In An Emergency

Name _____ Phone # () _____
 Address _____

(*If physician cannot be reached, what action should be taken?*)

Hospital _____
 Other _____

Parents Signature _____ Date _____

Murrieta Ranch Pre-School & Kindergarten

Authorization To Pick Up

Persons Authorized To Take _____ From School

In accordance with the state law we must have on file the names and telephone numbers of individuals permitted to drop off or pick-up your child from school. If someone arrives to pick up your child and we have not been introduced or do not have written permission from you to pick them up we cannot allow your child to leave with them. We must also ask the person to show us photo identification.

Thank you for your cooperation.

Names Of Persons Authorized To Take Child From School

*****PLEASE INCLUDE MOM AND DAD FIRST ON THIS LIST*****

Name	Relationship	Phone #

I do understand that if the name does not appear on this list, and if the person does not have photo identification my child will not be released from school.

Parent's Signature	Date

OFFICE USE ONLY:	Room #:	
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