

Holiday "Winter" Day Camp Schedule

Dec. 21, 2015-Jan. 8, 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 Mon. Dec. 7, 2015

Daily Art, Music, Science, Baking, Cooking, & Games including the Wii

| | | | | |
|---|--------------------------|-------------------------|--------------------------|---|
| Holiday Crafts 21-Dec | Holiday Crafts 22-Dec | Holiday Party 23-Dec | Holiday Closed 24-Dec | Holiday Closed Merry Christmas! 25-Dec |
| 28-Dec | 29-Dec | 30-Dec | 31-Dec | 1-Jan |
| 4-Jan | 5-Jan | 6-Jan | 7-Jan | 8-Jan |
| Sports Park Picnic Bowling 9:30 \$7.00 New Year's Party Holiday Closed Holiday Closed Happy New Year! | | | | |

Thank you for sharing this holiday with us!
See you again in Spring and/or 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 # |
|------|--------------|---------|
| | | |
| | | |
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| | | |

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 #: | |
|-------------------------|---------|--|

INLAND VALLEY, LOMA LINDA or RANCHO SPRINGS REGIONAL MEDICAL CENTER

Child's Name _____ Date of birth _____

Home address _____

Date of last tetanus shot _____ Allergies _____

Person responsible for bill _____

Address _____

Employer _____ Phone () _____
Company

Address _____

Occupation _____

Insurance _____
Company name Policy holder Policy #

Medical # _____ Medicare# _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

Since minors cannot receive emergency treatment without the consent of a parent or guardian, it is suggested that anyone with children under the age of 18 have treatment authorization forms placed on file at the hospital. (I) (we) the undersigned, parent(s) of _____, a minor, do hereby authorize Murrieta Ranch Pre-School as agents for the undersigned to consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of Inland Valley Regional Medical Center, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of my (our) aforesaid agent(s) in the exercise of his best judgment may deem necessary.

This authorization shall remain in effect until July 10, 2019 unless revoked by written request. One parent/guardian signature needed.

Mother _____ Witness _____

Father _____ Witness _____

Legal Guardian _____ Witness _____