## 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  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							
		g,g,					
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			
Thank you for sharing this holiday with us! See you again in Summer 2016							
earent Signature  *Signature Required: Locality Child Info Packet Received	egal Contract & Giving Per		Fields Trip(s)**	\$ Amount \$			

## Murrieta Ranch Pre-School & Kindergarten <u>Identification and Emergency Information</u>

Childs Name	M or F	DO	В _	
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 fir	st in co	ise o	f an Emergency)
Mother's Name	Daytime#	(	)	, un consideration
Place of Employment	Bus#	(	)	
Last 4 digits SS#	Cell/Pgr#	(		
	Home#	(		
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 ca	n't be	e re	eached*
Name Relationship				Phone #
<u>I</u>		. (	) _	· · · · · · · · · · · · · · · · · · ·
II		. (	)_	
m		. (	)_	
Physician To Be Called In An I	<u>Emergenc</u>	Y		
Name	Phone #	(	) _	
Address	_			
(*If physician cannot be reached, what action	on should b	e tak	en?	)*)
Hospital				
Other		<del>.</del>		· · · · · · · · · · · · · · · · · · ·
Parents Signature		Dat	e	
24850 Lincoln Avenue, Murrieta, CA 92562 (951) 677-02	.07; Fax (951) 6	•	•	psemrgingo13007

## Murrieta Ranch Pre-School & Kindergarten Authorization To Pick Up

Persons Authorized To Take		From School		
In accordance with the statenumbers of individuals permits someone arrives to pick unot have written permission child to leave with them. We identification.	nitted to dro p your child from you to	p off or pick-up yo and we have not b pick them up we o	ur child from school. been introduced or do cannot allow your	
Tha	nk you for yo	our cooperation.		
Names Of Person ***PLEASE INCLUDE		d To Take Child F		
Name		Relationship	Phone #	
I do understand that i person does not have photo school.		• •		
Parent's Signature		Date		
OFFICE USE ONLY:	F	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 ( )
Compania Address	•	
Occupation		
Insurance		D. I
Company name	Policy holder	Policy #
Medical #	Medicare#	
AUTHORIZATION Since minors cannot receive emergency to suggested that anyone with children under file at the hospital. (I) (we) the under a minor, do hereby authorize Murrieta Reservay examination, anesthetric, medical deemed advisable by, and is to be render surgion licensed under the provisions of Regional Medical Center, whether such of the sunderstood that this authorization hospital care being required but is given aforesaid agent(s) in the exercise of his This authorization shall remain in effect parent/guardian signature needed.	er the age of 18 have treatersigned, parent(s) of	ant of a parent or guardian, it is the
Mother	Witness_	
Father	Witness_	
Legal Guardian	Witness	