

## 2023 Summer Kids Kare - Registration Form

Please complete one form for each child you are registering. Return this completed form, emergency card, summer calendar and registration fee to the Little Highlanders Learning Center, 861 E. Sibley St, Howell, MI 48843.

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade Just Completed: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name : \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**T-shirt Size:** (One shirt is included with your child's registration).

**Youth:** 4/5    6/8    10/12    14/16    **or**    **Adult:** Small    Medium    Large    XLarge

Number of Additional Shirt(s): \_\_\_\_\_ x \$10.00 (due at Registration) = \_\_\_\_\_

**Shoe Size:** \_\_\_\_\_ (please include if it is an Adult or Youth size)

### **Swimming Release:**

\_\_\_\_\_ My child, named above, is a *swimmer*. He/she is capable of staying afloat for five minutes and swimming the length of the pool (minimum of 25 yards) without the use of a floatation device.

\_\_\_\_\_ My child, named above, is a *non-swimmer*. He/she is not capable of staying afloat for five minutes and swimming the length of the pool (minimum of 25 yards) without the use of a floatation device.

### **Health Questions:**

Is your child in good health?    Yes                      No

Does your child have any activity restrictions due to health issues?    Yes              No

If yes, please explain: \_\_\_\_\_

Is your child current with his/her immunizations?    Yes              No

**I grant permission for my child, named above, to:**

<u>Yes</u>	<u>No</u>	
_____	_____	Be photographed for publicity materials.
_____	_____	Be photographed for classroom activities, including classroom photographs.
_____	_____	Watch PG movies at the discretion of the child care staff.
_____	_____	Accompany child care staff on walks in the surrounding area.
_____	_____	Participate in water activities with Summer Kids Kare.
_____	_____	Ride a bus to attend scheduled field trips.

*I have read and fully understand the information contained in the Summer Kid's Kare Program Packet. By registering my child(ren), I agree to follow the policies and procedures as outlined including, but not limited to, those regarding fees, scheduling requirements, meals and snacks and behavioral expectations.*

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_