



## CAMP SLC ENROLLMENT

1115 Fairgrounds Rd., Jefferson City, MO 65109

(573) 634-3070, (573) 636-3247 fax

[www.speciallearningcenter.com/campslc](http://www.speciallearningcenter.com/campslc)

Complete form and return with payment to Special Learning Center.

CHILD'S NAME:	SEX:	BIRTHDATE:						
ADDRESS: Street: _____ City/State/Zip: _____	HOME PHONE NUMBER: (    )							
<p><i>Please mark the camp and dates your child would like to attend.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><b>HALF-DAY</b></td> <td style="text-align: center; width: 50%;"><b>FULL-DAY</b></td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> June 16-20 (8:30-11:30 a.m.)         </td> <td style="text-align: center;"> <input type="checkbox"/> June 16-20 (8:30 a.m. – 3:00 p.m.)         </td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> June 23-27 (8:30-11:30 a.m.)         </td> <td style="text-align: center;"> <input type="checkbox"/> June 23-27 (8:30 a.m. – 3:00 p.m.)         </td> </tr> </table> <p>Half-day camp each week is \$100. Full-day camp each week is \$175.</p>			<b>HALF-DAY</b>	<b>FULL-DAY</b>	<input type="checkbox"/> June 16-20 (8:30-11:30 a.m.)	<input type="checkbox"/> June 16-20 (8:30 a.m. – 3:00 p.m.)	<input type="checkbox"/> June 23-27 (8:30-11:30 a.m.)	<input type="checkbox"/> June 23-27 (8:30 a.m. – 3:00 p.m.)
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<b>IDENTIFYING INFORMATION</b>								
<b>A) MOTHER'S OR GUARDIAN'S NAME:</b>	MOM'S E-MAIL ADDRESS:							
HOME PHONE NUMBER IF DIFFERENT THAN ABOVE:	MOM'S CELL PHONE NUMBER: (    )							
HOME ADDRESS IF DIFFERENT THAN ABOVE: Street: _____ City/State/Zip: _____	MOM'S EMPLOYER: _____ BUSINESS TELEPHONE NUMBER: (    )							
<b>B) FATHER'S OR GUARDIAN'S NAME:</b>	DAD'S E-MAIL ADDRESS:							
HOME PHONE NUMBER IF DIFFERENT THAN ABOVE:	DAD'S CELL PHONE NUMBER: (    )							
HOME ADDRESS IF DIFFERENT THAN ABOVE: Street: _____ City/State/Zip: _____	DAD'S EMPLOYER: _____ BUSINESS TELEPHONE NUMBER: (    )							
<b>EMERGENCY CONTACT(S) (OTHER THAN PARENT(S) OR DOCTOR) – (AT LEAST ONE EMERGENCY CONTACT IS REQUIRED)</b>								
NAME OF EMERGENCY CONTACT:	TELEPHONE NUMBER: (    )							
ADDRESS: STREET : _____ CITY, STATE, ZIP CODE: _____	RELATIONSHIP							

**Please complete other side.**

<b>Optional</b>	NAME OF EMERGENCY CONTACT:	TELEPHONE NUMBER: (      )
	ADDRESS: STREET : _____ CITY, STATE, ZIP CODE:	RELATIONSHIP

**PERSON(S) OTHER THAN PARENTS AUTHORIZED TO TAKE CHILD FROM SPECIAL OLYMPICS MISSOURI:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**COMMENTS ON CHILD'S DEVELOPMENT** (Note allergies, medications, health concerns/precautions, special equipment, habits, sensory needs, IEP services, etc.) Please note if your child requires one-on-one support.

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE:**

**I understand that I will be notified at once in case of accident or illness to my child and that I will make arrangements for medical care of my child with the physician or hospital of my choice.**

**If I cannot be reached to make the necessary arrangements or in a critical emergency requiring medical care, I hereby authorize SPECIAL LEARNING CENTER to contact:**

**(Please list the name/phone number of doctor, hospital OF YOUR CHOICE or both.)**

**Name of Doctor/Clinic:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/ZIP:** \_\_\_\_\_

**Preferred Hospital** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/ZIP:** \_\_\_\_\_

**PHOTO RELEASE:**

I do hereby give my permission for pictures and/or information concerning me to be used by Special Learning Center for educational purposes in newspapers, magazines, radio, television, or internet (website).

I do not give my permission for pictures and/or information concerning me to be used by Special Learning Center for educational purposes in newspapers, magazines, radio, television, or internet (website).

**AGREEMENTS:**

- a) The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, etc.
- b) When my child is ill, it is understood and agreed that she/he may not be accepted for care.
- c) This certifies that this information is current and accurate to the best of my understanding.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

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