



2012 Summer Camp Registration Form

Page One

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Date of Application: _____

I. INFORMATION ABOUT YOUR CHILD

Full legal name: _____
First MI Last

Preferred first name: _____ Female Male

Date of birth: ____/____/____ Social Security Number: _____
Month Day Year

II. PARENTS' INFORMATION

Father's name: _____ Mother's name: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ ZIP: _____ State: _____ ZIP: _____

Home phone: _____ Cell phone: _____

E-mail: _____ E-mail: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Bus. address: _____ Bus. address: _____

Bus. phone: _____ Bus. phone: _____

Bus. e-mail: _____ Bus. e-mail: _____

III. CAMP CHOICE

Please choose the camps you want, and the number of days you would like to enroll your child for each camp. Prices shown are per week. There is a non-refundable deposit of \$50.

- | | | | |
|---------------------------------|---------------------------------|---------------------------------|--|
| (\$63.75) | (\$95.25) | (\$155) | |
| <input type="checkbox"/> 2 Days | <input type="checkbox"/> 3 Days | <input type="checkbox"/> 5 Days | June 4-8Under The Big Top |
| <input type="checkbox"/> 2 Days | <input type="checkbox"/> 3 Days | <input type="checkbox"/> 5 Days | June 11-15.....What's Cooking? |
| <input type="checkbox"/> 2 Days | <input type="checkbox"/> 3 Days | <input type="checkbox"/> 5 Days | June 18-22We Will Rock You! |
| <input type="checkbox"/> 2 Days | <input type="checkbox"/> 3 Days | <input type="checkbox"/> 5 Days | June 25-29To Infinity and Beyond |
| <input type="checkbox"/> 2 Days | <input type="checkbox"/> 3 Days | <input type="checkbox"/> 5 Days | July 2-6.....Er, We Are Pirates! |
| <input type="checkbox"/> 2 Days | <input type="checkbox"/> 3 Days | <input type="checkbox"/> 5 Days | July 9-13A Day In The Knight |
| <input type="checkbox"/> 2 Days | <input type="checkbox"/> 3 Days | <input type="checkbox"/> 5 Days | July 16-20.....Water Works |
| <input type="checkbox"/> 2 Days | <input type="checkbox"/> 3 Days | <input type="checkbox"/> 5 Days | July 23-27Marvel vs. DC Comics |



2012 Summer Camp Registration Form

Page Two

IV. FAMILY INFORMATION

Child's brothers and sisters:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

With whom does the child reside? _____

Legal guardian's name and address, if applicable:

Which language is spoken at home? English Other (please specify): _____

V. PARENT STATEMENTS

Please help us know your child by providing the following information. It is understood that young children continue to grow and develop; your responses should describe current circumstances.

A. Personal Development

Has your child attended a preschool or child care program before? Yes No

If yes, please provide the current/former school name: _____

Can your child feed her/himself using a spoon and/or fork? Yes No

Wash and dry her/his own hands? Yes No

Dress her/ himself with little assistance? Yes No

Speak so that he/she can be understood by others? Yes No

Express her/his thoughts and needs easily? Yes No

Is your child toilet-trained during the day? Yes No

B. Health History

Has your child ever had trouble seeing? Yes No

Has your child had frequent ear infections? Yes No

Does your child have allergies? Yes No

Has your child had any significant injuries or hospitalizations? Yes No

Is your child presently on any medications? Yes No

If you responded "yes" to any of the above, please explain. Also, describe any other health concerns.



2012 Summer Camp Registration Form

Page Three

C. Interests and Activities

- Does your child play with blocks and construction toys without help? Yes No
- Use crayons or markers to draw? Yes No
- Listen to stories being read out loud? Yes No
- Turn pages of a book and look at pictures? Yes No
- Recall stories and events? Yes No
- Enjoy playing alone or with imaginary friends? Yes No
- Follow simple, age-appropriate directions? Yes No
- Talk with your friends and relatives who come to visit? Yes No

Please describe briefly your child's favorite activities.

With other children: _____

When playing alone: _____

At home with Mom or Dad: _____

Please share anything else you'd like us to know about your child: _____

VI. DECLARATION

I pledge that the information provided here is truthful and accurate to the best of my knowledge. It is further understood that any misstatement or omission may result in denial of admission or enrollment.

Signature of parent or guardian

Please send this completed form, along with your check for the non-refundable registration fee of \$50, to the address at the top of the page.