



Morning Song Summer Camps 2021

Child's name _____

Age _____ Birthdate ____ / ____ / ____ Allergies _____

Address _____

Email address _____

Please ♥ the sessions you wish to reserve.

Payment is due at the first day of each camp session.

Slumber Garden (extended day option) is available on Tuesday & Thursday up until 3pm.

Limited to 3 children/contact me for availability.

DON'T FORGET....Note your camp dates on your calendar!

Each camp session	June 15 - 17	_____	Aug 10 - 12	_____
is from 9am - 1pm	June 22 - 24		Aug 17 - 19	
and is 2 weeks long				
\$350 per session	July 13 - 15	_____		
~ Thank you ~	July 20 - 22			

EMERGENCY INFORMATION

Parent's name _____ Home phone _____

Business phone _____ Cell phone _____

Parent's name _____ Home phone _____

Business phone _____ Cell phone _____

LIST TWO OTHER EMERGENCY CONTACTS WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED

1. Name _____ Home Phone _____

Relationship _____ Cell phone _____

2. Name _____ Home phone _____

Relationship _____ Cell phone _____

In case of accident or serious illness, I request that Joya Matza contact me. If she is unable to reach me, I hereby authorize her to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, Joya Matza may make whatever arrangements deemed necessary.

I assume all financial responsibility and waive all claims against Morning Song Nursery/Joya Matza for any injuries or illnesses sustained by the above-named child.

**Taking COVID-19 into consideration I accept the risks of sending my child to Morning Song.* _____ (initial)

Signature of Parent _____ Date _____

Physician's name _____ Office phone _____

Address _____

Which hospital do you prefer? UNC _____ DUKE _____

Dentist's name _____ Office phone _____

Does this child have any physical disabilities or anything else I should know about them? Please explain (on back of form).