



Summer Camps Registration Form Page One

120 Werthan Circle • Franklin, TN 37064
615-791-9003 • Fax: 615-791-9008
bpate@pbjdayschool.com
jwalker@pbjdayschool.com
www.pbjdayschool.com

Date of Application: _____ Registering for: Summer Camp 2017

CHILD'S BASIC INFORMATION

Full legal name: _____
First MI Last

Preferred first name: _____ Female Male

Date of birth: ____/____/____
Month Day Year

CAMP CHOICES

	5 Days (M-F)	3 Days (M, W, F)	2 Days (T, Th)
May 30 - June 2 • Superheroes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 5-9 • Hard Hat Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 12-16 • Dr. Seuss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 19-23 • What's Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 26-30 • Island Aloha	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 3-7* • Water Works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 10-14 • The Magic of Disney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 17-21 • Weird Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(no camp on July 4)



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PARENTS' INFORMATION

Father's name: _____
Father's marital status: _____
Address: _____
City: _____
State: _____ ZIP: _____
Residential subdivision: _____
Home phone: _____
Work phone: _____
Cell phone: _____
E-mail: _____
Employer: _____
Bus. address: _____
City: _____
State: _____ ZIP: _____
Work hours: _____

Mother's name: _____
Mother's marital status: _____
Address: _____
City: _____
State: _____ ZIP: _____
Residential subdivision: _____
Home phone: _____
Work phone: _____
Cell phone: _____
E-mail: _____
Employer: _____
Bus. address: _____
City: _____
State: _____ ZIP: _____
Work hours: _____

MEDICAL/INSURANCE INFORMATION

Family Doctor: _____
Address: _____ Ph: _____
City: _____ State: _____ ZIP: _____

Family Dentist: _____
Address: _____ Ph: _____
City: _____ State: _____ ZIP: _____

Preferred Hospital: _____
Insurance Co.: _____ Subscriber Name: _____
Policy #: _____ Card/Group #: _____
Special Instructions: _____



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FOOD/MEDICAL ALLERGIES

SPECIAL DIET

MEDICALLY DIAGNOSED ILLNESSES

OTHER INFORMATION OR SPECIAL NEEDS



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EMERGENCY CONTACT INFORMATION

Contact #1 Name: _____

Address: _____ Ph: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Driver's Lic. #: _____

Relationship to your child: _____

Contact #2 Name: _____

Address: _____ Ph: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Driver's Lic. #: _____

Relationship to your child: _____

PICK-UP PERMISSIONS

It is legal for either parent to pick up their child, unless we have a copy of a court order which restricts visitation.

Parent permitted to pick up child:

Mother Father

Is there a court order restricting visitation: Yes No

Name of person(s) restricted:



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SLEEPING/NAP PATTERNS

CHILD'S FAVORITE ACTIVITIES

BEHAVIORAL HABITS (finger-sucking, tantrums, outgoing, etc.)

Does your child indicate bathroom needs? What words does your child use?

How do you discipline this child?

Please provide the name/address of any previous preschools your child has attended.



educational nourishment for your child

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TRANSPORTATION PLAN

This child will be DROPPED OFF each morning at P B & J Summer Camp

The following people could be dropping off this child:

Name: _____

Name: _____

Name: _____

This child will be PICKED UP each afternoon at P B & J Summer Camp

The following people could be dropping off this child:

Name: _____

Name: _____

Name: _____

TUITION & POLICY INFORMATION

Tuition and Fees:

- A non-refundable registration fee of \$75 is due at the time of enrollment and payable by check, either by mail or dropped off at the school. One registration fee covers all camps. All supplies are included.
- Camp fees will be billed at the end of May for June camps, and the end of June for July camps.
- Some tuition accounts are paid by more than one household. In the event that an account is in arrears, or shared payment of an account is in dispute, all sponsors on the account will be responsible for the balance, including late fees.
- Returned Checks Charge: All returned checks will be assessed a fee of \$35.
- Accounts in arrears may be referred to a licensed collection agency. In this event, you will be responsible for the balance of your account and any reasonable collection and attorney fees associated with the collection of your account.
- Camp choices cannot be substituted or cancelled after registering. Camps may be added.
- No reimbursement or credit will be given for a child's absence.

Early Arrival/Late Pickup:

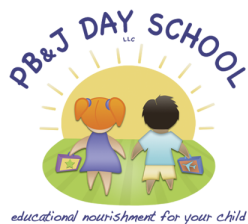
PB & J Day Summer Camp hours are from 9:00am – 3:00pm. If you arrive before 8:45am, your child will go to beforecare and your account will be assessed a \$8.00 fee. Your child will be placed in aftercare for a fee of \$8.00 when your child is not picked up by 3:05pm. If there is not room in aftercare, your account will be assessed \$5.00 per minute late fee until your child is picked up.

AUTHORIZATIONS & OTHER TERMS

By signing this form and enrolling my child at PB & J Summer Camp, I am acknowledging my understanding and acceptance of the following Authorizations:

1. I give PB & J Day School permission to give my child emergency care and first aid when necessary and for my child to be transported to an emergency medical facility. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary and I authorize the hospital/medical personnel to undertake examination and emergency treatment warranted.
2. I authorize PB & J Day School to transport my child to and from camp, on field trips, on educational excursions, and on other school--sponsored activities as long as prior notice is given for each.
3. I authorize PB & J Day School to enforce their discipline policy in the event my child needs corrective action as described in the discipline policy.
4. I authorize PB & J Day School to administer Syrup of Ipecac to my child as directed by a physician or Poison Control Center Representative.

Initials _____



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TUITION & POLICY INFORMATION - Continued

5. I authorize PB & J Day School to administer Children's Tylenol in the event of my child's incurring a high fever.
6. I authorize PB & J Day School to photograph/videotape my child and use the resulting photographs/videotapes for any lawful purposes including the use of marketing or publicity. I relinquish all rights, title, and interest in the photographs, negatives, and videotape film.
7. I give PB & J Day School permission to apply sunscreen, insect repellent, diapering ointment, if applicable, antiseptic cream or ointment, topical analgesic, and/or petroleum jelly or hand cream for dry skin, to my child on an as needed basis.
8. I understand my child will be around certain live animals during the school year. I have explained to my child the consequences of putting fingers and hands into any animal's cage. I understand there is risk involved in having animals in the school, and I release PB & J Day School, LLC from any and all liability related to injury caused by an animal.
9. I have read and understand the confidentiality policy of PB & J Day School, LLC and will abide by policies stated.

Other Terms:

1. PB & J Day School reserves the right to alter the policies and program status at any time.
2. I understand that if there is a change in any information provided by me for this Agreement, I am obligated to update such information with the School Directors.
3. I understand that I must notify PB & J Day School in advance of any changes in my child's transportation plan or attendance schedules. PB & J Day School has permission to contact a stated authorized pick-up individual in any case that PB & J Day School has concern of the release of child(ren) to anyone whose behavior may place the child(ren) in immediate risk.
4. If my child becomes ill and the School calls me to pick up my child, I agree to make arrangements for my child to be picked up from the School as soon as possible.
5. PB & J Day School must have an updated medical statement and current immunization report on my child, on forms provided by the School. I agree to return these forms to the School prior to my child's first day of attendance.
6. I understand that it is my responsibility to maintain my own childcare financial records for tax purposes.
7. I consent to PB & J Day School communicating with me by telephone, email, or other means. This consent shall survive the termination of this agreement.
8. Tennessee Child Care Licensing regulations are available for my review in the Parent Resource Room at PB & J Day School.
9. I acknowledge that I have received a copy of the Tennessee Department of Human Services – Summary of Licensing Requirements for Child Care Centers. I understand that it is my responsibility to read over this information.
10. I understand that if outside services are performed for me or on my behalf by a PB & J Day School employee, PB & J Day School is not responsible for any acts or omissions of that employee while providing such services to me.
11. I release and hold harmless PB & J Day School, LLC, its owners, employees, officers and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, that may be sustained by the child and/or the undersigned, while in or upon the premises upon which PB & J Day School, LLC is conducted, or any premises under the control and supervision of PB & J Day School, LLC, its owners, employees, officers or agents or in route to or from any of the said premises, or while at any premises or place when activities sponsored by or participated in by PB & J Day School, LLC, its owners, officers, employees, or agents.

I have read, understand, and accept all terms and conditions described in this Agreement. This is a legally binding contract between PB & J Day School, myself, and my child(ren).

Supplemental information required by state law will be provided by the School Directors if necessary.

Signature of parent or guardian

Signature of parent or guardian

I do NOT wish to receive information from PB&J Day School, including newsletters/updates, via e-mail or otherwise.

Please send this completed form, along with your check for the non-refundable registration fee of \$75 to the address at the top of the page.