



# HPC Preschool

## 2019 Summer Camp Registration Form

Child's Name \_\_\_\_\_ DOB: \_\_\_\_\_ ( ) Male ( ) Female

Parent/Guardian's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Allergies, Medical Problems, Medications: \_\_\_\_\_

\*Preschoolers that did not attend HPC Preschool this past year must have a Medical Form/Shot Record & Emergency Form on file\*

### PLEASE CHECK CAMP SELECTIONS:

***\$50/NON-REFUNDABLE DEPOSIT PER CAMP MUST ACCOMPANY REGISTRATION FORM.***

\_\_\_\_\_ June 3-7 (\$125)      \_\_\_\_\_ July 1,2,3,5 (\$100)      \_\_\_\_\_ July 29-August 2 (\$125)

**Emergency/Pick-Up Information:** Emergency Contacts who are authorized to pick-up your child (other than parent/guardian)

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Any Special concerns or information that the staff should know about? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HPC Preschool  
201 S. Old Statesville Road  
P.O. Box 313  
Huntersville, NC 28070  
704-875-7756 ~ mbryant@hpcpatch.org