

EARLY ARTS AT EDGEMONT  
1330 EAUCLAIRE AVE  
FLORENCE, ALABAMA 35630



## SUMMER CAMPS

Summer Camps age requirements:  
3 ½ years- beginning of 1<sup>st</sup> grade

Please Select Participating Camps:

- June 17-21 (Cooking)
- June 24-28 (Water)
- July 15-19 (Art)
- July 22-26 (Science)

CAMPER'S NAME: \_\_\_\_\_  
PREFERRED NAME: \_\_\_\_\_ M \_\_\_ F \_\_\_  
D.O.B.: \_\_\_\_\_ TODAY'S AGE: \_\_\_ YRS. \_\_\_ MOS.  
ADDRESS \_\_\_\_\_

**CLASS ATTENDED THIS PAST SCHOOL YEAR**  
**Summer Camps: 3 1/2 years old and potty trained**  
3-3 ½ year old class \_\_\_\_\_ PK 4 \_\_\_\_\_  
PK5 \_\_\_\_\_ Kindergarten \_\_\_\_\_

MOM'S NAME: _____	DAD'S NAME: _____
ADDRESS: _____	ADDRESS: _____
CONTACT PHONE: _____	CONTACT PHONE: _____
TEXT: ___ YES OR ___ NO	TEXT: ___ YES OR ___ NO
EMAIL: _____	EMAIL: _____

CONTACT IN CASE OF EMERGENCY:  
NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
RELATION TO CHILD: \_\_\_\_\_

CHILD'S PHYSICIAN: \_\_\_\_\_  
PHYSICIAN'S PHONE: \_\_\_\_\_  
ALLERGIES: FOOD or ENVIROMENTAL: \_\_\_\_\_

What School does your child attend during the regular school year?  
\_\_\_\_\_

Office Use: Registration Fee: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Amt. \_\_\_\_\_ 2<sup>nd</sup> child discount (ck if applied \_\_\_ )  
Monthly Tuition \_\_\_\_\_ Act. Fee \_\_\_\_\_ (x2)

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

We would like to get to know your family better. Please take a few minutes to give us some information.

Who lives in the home with your child?

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Place of Employment:

Dad \_\_\_\_\_

Mom \_\_\_\_\_

Siblings: \_\_\_\_\_ age \_\_\_\_\_ \_\_\_\_\_ age \_\_\_\_\_

\_\_\_\_\_ age \_\_\_\_\_ \_\_\_\_\_ age \_\_\_\_\_

When your child is not feeling well, what types of behaviors will we observe?

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(We do contact you if your child runs a fever or we observe they are not feeling well.)

Did/Does your child receive any services outside of Early Arts that may impact them, such as speech, etc.)

Yes \_\_\_\_ No \_\_\_\_ Did/does your child receive any Early Intervention (EI) Services? Yes \_\_\_\_ No \_\_\_\_

If yes currently, who is the service provider?

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MY CHILD:

- Looks me in the eye when I speak: \_\_\_\_ yes \_\_\_\_ no
- Follows simple directions: \_\_\_\_ yes \_\_\_\_ no
- Can communicate wants/needs: \_\_\_\_ yes \_\_\_\_ no
- Verbally \_\_\_\_ or with Cues \_\_\_\_
- Runs/Jumps/Climbs: Yes \_\_\_\_ No \_\_\_\_
- Can ride a tricycle/pedal toy \_\_\_\_ yes \_\_\_\_ no
- Can throw a ball \_\_\_\_ yes \_\_\_\_ no
- Can catch a ball \_\_\_\_ yes \_\_\_\_ no
- Eats with a spoon/fork \_\_\_\_ yes \_\_\_\_ no
- Pottys independently \_\_\_\_ yes \_\_\_\_ no

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

How does your child primarily communicate with you at home? Options: Single words, 2–3-word phrases, short conversations, gestures, leads to what they want, my child is not yet using words to communicate

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Is your child able to follow directions at home? Do you have any concerns about how your child understands language?

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Has your child been diagnosed with any health, developmental, or behavioral issues? \_\_\_yes \_\_\_no. If so, please explain. You may use the back of this page for explanation.

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Does your child take any medication on a regular basis? (We do not give medications; this question is for information purposes only) \_\_\_yes \_\_\_no

Does your child sleep well at home? \_\_\_yes \_\_\_no

Does your child have any food aversions (textures) \_\_\_ yes \_\_\_no  
food allergies? \_\_\_yes \_\_\_no

Please explain (Use back for more space):

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Is your child potty trained? \_\_\_yes \_\_\_No (children going into 3 ½ class must be potty trained. Even so, we do know accidents can occur)

Do you have any behavioral concerns for your child? \_\_\_ yes \_\_\_ no \_\_\_idk

Has your child attended any other preschool/daycare programs? If so, where and dates of attendance.

\_\_\_ yes - Where? \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_  
\_\_\_ no

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