

EARLY ARTS AT EDGEMONT
1330 EAUCLAIRE AVE
FLORENCE, ALABAMA 35630



SUMMER CAMPS

Summer Camps age requirements:
3 ½ years- beginning of 1st 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 (CIRCLE ONE): YES OR NO	TEXT (CIRCLE ONE): 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. _____ 2nd 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?

Place of Employment:

Dad _____

Mom _____

Siblings: _____ age _____ _____ age _____

_____ age _____ _____ age _____

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

(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?

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

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

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.

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):

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: _____