**Summer Camp 2021**

**Registration Form**

Payment options:

* Weekly
* Monthly
* Once
* I would like to make other arrangements with Director

\*Sibling discount of 10% of 2nd and 3rd child\*

Signature:

* **Preschool** Part Day (6:30 am – 11:45 am)   
  ($65.00 per week)
* **Preschool** Full Day (6:30 am – 6 pm)   
  ($115.00 per week)
* **Preschool** Three Full Days

($75.00 per week)

* **K-8th** Full Day (6:30 am – 6 pm)

($105.00 per week)

* **K-8th** Three Full Days

($75.00 per week)

* One Day/Drop-in Days   
  (*all students* $35.00 per day)

**Contact Information:**

Parents/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work (Father): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work (Mother): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell (Father): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell (Mother): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate which number is the best for the parent/guardian to be reached:

\_\_ Home \_\_ Work Father \_\_ Cell Father \_\_ Work Mother \_\_ Cell Mother

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

**Basic Information:**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s age: \_\_\_\_\_\_\_\_ Sex: M F

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous Class/Grade 2020-2021: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summer Camp 2021 Attendance Contract**

Please indicate which weeks your child will be attending Summer Camp by initialing next to those specific weeks. Please mark the boxes under the days that you are planning to send your child for each week they will attend. Bold words indicate the theme of that week. More information as the summer approaches will be provided about the themes and field trips. If you have any questions or specific requests regarding days, please see the Director.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Week | Week of | Notes | **Theme** | M | T | W | Th | F | Initials |
| 1 | May 10 – 14 | Closed 5/10 and 5/11 for cleaning and training| **Music Makers (PreK only)** | n/a | n/a |  |  |  |  |
| 2 | May 17 - 21 | **Barnyard Palooza (PreK only)** |  |  |  |  |  |  |
| 3 | May 24 - 28 | Closed 5/28|**Wacky Wonderful Me (PreK only)** |  |  |  |  | n/a |  |
| 4 | May 31 – June 4 | Closed 5/31|**Fun in the Sun** | n/a |  |  |  |  |  |
| 5 | June 7 – 11 | **Ooey Gooey Mad Scientists** |  |  |  |  |  |  |
| 6 | June 14 – 18 | **Superheroes** |  |  |  |  |  |  |
| 7 | June 21 – 25 | **Around the World in 5 Days** |  |  |  |  |  |  |
| 8 | June 28– July 2 | **Holiday Madness** |  |  |  |  |  |  |
| 9 | July 5 – 9 | Closed 7/5| **Movie Mania** | n/a |  |  |  |  |  |
| 10 | July 12 – 16 | **Treasure Hunters** |  |  |  |  |  |  |
| 11 | July 19 – 23 | **Splish Splash Water Week** |  |  |  |  |  |  |
| 12 | July 26 – 30 | **Space Explorers** |  |  |  |  |  |  |
| 13 | August 2 – 6 | **Time Travelers** |  |  |  |  |  |  |
| 14 | August 9 – 13 | **Olympic Week** |  |  |  |  |  |  |
| 15 | August 16 – 20 | **Color Me Crazy** |  |  |  |  |  |  |
| 16 | August 23 - 27 | FCS (K-5) Back to School 8/23|  **Back to School Fun** |  |  |  |  |  |  |
| 17 | Aug 30 - Sept 3 | First Day of School for Preschool Sept 2nd MCPS Only |  **Game Show Madness** |  |  |  |  |  |  |

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/Previous Grade: \_\_\_\_\_\_\_\_\_\_\_

Note for Parent(s)/Guardian(s): Initialing the attendance contract **you are obligated to pay for that week(s)** because of staffing requirements. Any changes that need to be made must be submitted with two weeks’ notice in written form to the Director.

**Summer Camp Basic Policies and Procedures**

*Please review the information below regarding SonShine Station’s policies and procedures. Please initial on each line and sign at the bottom to indicate you have read and understand the policies.*

**SonShine Station Commitment:** SonShine Station agrees to provide the children in their care a quality, age-appropriate, creative and active learning environment based on Christian values.

**Beginning Date:** May 2021 **End Date:** August 2021 **Hours:** 6:30 AM – 6:00 PM

**Scheduling:** In order to plan for sufficient staffing, all weeks must be scheduled by May 1st. By initialing the attendance contract (page 2) **you are obligated to pay for that week(s)** because of staffing requirements. Any changes that need to be made must be submitted with two weeks’ notice **in written form** to the Director.

\_\_\_\_\_\_\_\_\_\_\_

Initial Here

**Registration Fee:** A $40.00 registration fee (and all registration paperwork) per child is due by May 1st for Preschool students and May 24th for K-6th grade students. Afterwards the registration fee will increase to $60.00 per child.

**Refunds/Withdrawals:** There will be no make up for missed days, but if you need to switch weeks or days due to illness or other situations please see the Director to discuss at least 48 hrs in advance. Due to scheduling and group numbers we may not be able to honor your request. There will be a $10 supply fee for missed days regardless of reasoning. All withdrawals from the program must be submitted in writing in order to be released from the obligation of your contract, otherwise you will be held responsible for the tuition and applicable fees.

**Payment:** Payment is due by the 5th of each month for *monthly* payments and the first day of the week for weekly payments. For your convenience you may choose one of the payment plans listed on page one. *All dates and amounts will be listed in your confirmation packet you will receive after submitting your contract.*

**Late Payment:** Payments not received by the contracted date are subject toa late **payment fee of $5** per day late (excluding weekends). Should payments fall more than 10 days in arrears; the student will not be allowed to return until payments are brought current and a re-registration fee may apply.

\_\_\_\_\_\_\_\_\_\_\_

Initial Here

**Snacks and Mealtime:** Children will bring their own lunch from home daily. Lunch will be 12 pm for Preschool students and 12:15 pm for K-8th students. A morning and afternoon snack will be provided by SonShine Station to all students. If your child has special dietary needs, please see the Director and indicate it on the allergies/dietary needs part of page 6. **No soft drinks or candy are permitted for snacks and mealtimes.**

\_\_\_\_\_\_\_\_\_\_\_

Initial Here

**Field Trips and Special Occasions:** Some field trips will involve a small fee which will be collected prior to the trip and advance notice will be given. For birthday parties and other events, parents need to plan in advance with the Director. **No food or drinks containing nuts may be served to students as we are a peanut-free facility.**

\_\_\_\_\_\_\_\_\_\_\_

Initial Here

**Illnesses:** SonShine Station will notify the parent/guardian whenever the child becomes ill during SonShine Station hours. The parent/guardian agrees to make arrangements to have the child picked up from the facility as soon as possible.

\_\_\_\_\_\_\_\_\_\_\_

Initial Here

**Dress Code:** We will be playing outside and are active every day. Please have your child wear shoes that they can run and move comfortably in daily. Sneakers or shoes with a back strap on the heel/backing on the heel are best.Students may only wear flip-flops on special water days. Please see FCS 2020-2021 Handbook (available in the office or online at www.fcssh.org) for a complete guideline of our dress code.

\_\_\_\_\_\_\_\_\_\_\_

Initial Here

**Cell Phones and Other Electronic Devices:** Cell phone and other electronic devices will only be allowed during Early Bird times (6:30-8:30am) at summer camp. They will not be allowed to have these devices on their person any other time during camp. We are not responsible for stolen or broken devices. If you need to get ahold of your child, please call the school and we will pass on the message. If there is abuse of the devices during Early Bird times then we reserve the right to prohibit the use of these devices. Abuse includes but is not limited to: bullying, visiting inappropriate sites/apps, playing inappropriate games/apps, and jeopardizing their and other camper’s safety.

\_\_\_\_\_\_\_\_\_\_\_

Initial Here

**By signing this contract, I hereby agree to abide by the policies and procedures outlined by SonShine Station and submit all payments according to the option I have selected.**

Parent/Guardian Name (Print) Date

Parent/Guardian Signature Date

**Information Form for Office Binders**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_

Parents/Legal Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information:**

Home Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s work number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s work number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contacts if parents/guardians cannot be reached:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Individual(s) who are allowed to pick up your child:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Individual(s) who are NOT allowed to pick up your child:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Physician Information:**

Physician/Clinic’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important Health Information:**

Please list any and all allergies your child may have**:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medication your child takes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your child be taking any of these medications while at camp: Yes No

If you circled yes, please see the Director to fill out an additional medical form.

Please list any additional information you think we should know about your child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Emergency Policy and Authorization**

It is the general policy of SonShine Station to transport to the local emergency room any child who is injured while in our care and requires emergency treatment. This authorization will allow SonShine Station to obtain medical care for your child. It will also allow hospitalization, diagnostic testing, surgical procedures, and/or the administration of medications to my child if deemed necessary by a physician in an emergency situation. We will follow this general policy if the person in charge judges that a delay in securing treatment would not be in the best interests of the child. I understand that this authorization does not release SonShine Station from the responsibility to properly notify me (or someone designated by me) as soon possible in an emergency.

\_\_\_\_ **Yes**, I want the above procedure followed for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Child’s name)

I hereby authorize the calling of our family physician, or if not available, another licensed physician at my expense to provide whatever emergency medical or surgical treatment is necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian Date

\_\_\_\_**No**, I do not want the above policy followed for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Child’s name)

I prefer the following procedure:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent or Legal Guardian Date

**Blanket Permission**

**For Transportation and Field Trips**

I give my child, permission for the SonShine Station and their qualified staff to transport my child to and from any field trip. I understand that transportation for trips will be either by van, volunteer drivers, or walking. I understand that I will be notified prior to any specific field trip to inform me of dates, time, fees, and destinations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian Date

**Permission to Apply Sun Screen**

Sunscreen will be applied with permission given y this form as needed. It will be applied liberally for outdoor play, field trips, and especially for water days. Please have sunscreen on child before arrival to camp. Parents are to provide a bottle with their child’s name on it, which will stay in a locked office cabinet or in their book bags. Student may come to office to reapply sunscreen as needed throughout the day. By signing this form you are allowing us to assist you child in the application process. We recommend the spray for easy application.

As parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I give SonShine Station permission to apply sunscreen to my child as needed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian Date