



Preston Royal Preschool  
5600 Royal Lane, Dallas TX 75229  
Phone: 214-987-3446 Fax: 214-369-8939  
Prestonroyalpreschool.com

Office Use Only:



## Registration Form for Summer 2024

Child's Full Name (First Middle Last): \_\_\_\_\_

Child's Preferred Name: \_\_\_\_\_ Gender (circle): Boy Girl

Date of Birth: \_\_\_\_\_ Age as of June 1, 2024: \_\_\_\_ years and \_\_\_\_ months

If your child will attend camp with a sibling, please list sibling's name. \_\_\_\_\_

T-shirt size: 3T 4T 5T YXS YS (Only for those who sign up for 2 or more camps by April 1st)

### Select the session or sessions for your child to attend:

Select Sessions	Session	Dates	Theme	Tuition
	Session 1	June 3 – 6	Out Of This World	\$275
	Session 2	June 10 – 13	Under The Sea	\$275
	Session 3	June 17 – 20	Let's Go Camping	\$275
	Session 4	June 24 – 27	The World Of Eric Carle	\$275

**Details:** Submit registration form and payment of \$275 per session as soon as possible. Checks should be made payable to *Preston Royal Preschool*. Current families may bill to Brightwheel before March 25<sup>th</sup>. Camps fill based on the date registration with payment is received. Wait lists will be created for classes that fill early. We will provide the morning snack each day. An "early bird teacher" is available at 8:00 each morning before camp **with a reservation**. Cost is \$5 per use. Please pay the early bird teacher directly each time your child arrives early.

**Refund Policy** – Tuition, minus a \$75 processing fee per session, will be refunded if you cancel **before March 31**. There will be no refunds as of April 1<sup>st</sup>. There are no refunds for absences, illnesses, late withdrawals, or emergency closings.

**For Current PRP Students:** Complete only this one page, sign, and choose payment method below.

- ☐ I am registering with payment by March 25<sup>th</sup>.
- ☐ I am registering without payment before March 25<sup>th</sup>; bill my Brightwheel account \$250.
- ☐ I am registering after April 1<sup>st</sup>; my check for \$275 per session is enclosed.

**For New Students attending summer only or starting at PRP in the fall:** Complete pages 1- 3; sign on pages one and three. Enclose a check for \$275 per week of camp selected.

I have read and will adhere to the "details" above. I grant permission for my child to participate in Summer Camp. Preston Royal Preschool's Operational Policy and Procedures have been made available to me online.

Parent/Guardian Signature: \_\_\_\_\_

Printed Parent Names: \_\_\_\_\_ Date: \_\_\_\_\_

### Part A: Contact Information for Parents/Guardians and Daytime Caregiver

	Parent/Guardian	Parent/Guardian	Nanny/Daytime Caregiver
Name			
Relationship			
Daytime Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	<input type="checkbox"/> Cell
Alternate Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	<input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	
Primary Email			
Home Address, City, State, Zip			(As printed on ID for verification)

## Part B: Local Emergency Contact

Name	Daytime Phone	Relationship	Address

### Part C: Authorization for Transportation and Emergency Medical Attention

In case of emergency involving my child and I cannot be reached, I hereby give consent to contact medical care providers or hospitals as directed by emergency personnel and authorize these providers and hospitals to give any reasonable and customary medical instructions. In addition, Preston Royal Preschool is authorized by me, at its sole discretion, to take one or more of the following actions: 1) take my child via car or ambulance to a hospital and give consent to medical care; or 2) release my child to any of the people listed on this registration form. Preston Royal Preschool is not financially responsible for any medical care or transportation provided for or on behalf of my child.

**Choose one:**

- ☐ My child may be taken to the hospital closest to PRP (Medical City Children's Hospital Dallas at 7777 Forest Lane, Dallas, TX 75230).
- ☐ If possible, my child should go to \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.
- Name    address    phone

### Part D: Authorization to Leave School

I authorize Preston Royal Preschool to allow my child to leave the school ONLY with parents, nanny/caregiver named above, the emergency contact named above, and the following person. My child will be released after verification of address on ID. **If my child is to go home with anyone else, I shall notify the school.**

Name	Daytime Phone	Address (as printed on ID for verification)

Child's Name: \_\_\_\_\_



### Part E: Health

1. My child has been seen by a health care professional within the past year and is able to participate in the summer camp program. ☐ **Yes** ☐ **No**

2. Does your child have asthma? ☐ **Yes** ☐ **No**

Contact PRP for required paperwork.

3. Does your child have a history of anaphylaxis? ☐ **Yes** ☐ **No**

Will your child be bringing an EpiPen to school? ☐ **Yes** ☐ **No** \*If yes, contact PRP for required paperwork.

4. Does your child have an allergy? ☐ **Yes** ☐ **No**

If yes, describe the allergy by name, severity of reaction, and treatment or EMERGENCY ACTION REQUIRED

Food ☐ **Yes** ☐ **No** If yes, contact PRP for additional required paperwork

Drugs ☐ **Yes** ☐ **No** If yes, please specify: \_\_\_\_\_

Insects ☐ **Yes** ☐ **No** If yes, please specify: \_\_\_\_\_

Other ☐ **Yes** ☐ **No** If yes, please specify: \_\_\_\_\_

5. Does your child have any other health concerns? ☐ **Yes** ☐ **No**

If yes, please explain: \_\_\_\_\_

### Part F: Immunizations

#### Check one:

☐ **1.** My child attends preschool during the school year at another location. His/her health statement, current immunization record, and screenings are on file at:

Name of School: \_\_\_\_\_ City \_\_\_\_\_ Phone: \_\_\_\_\_

☐ **2.** My child is new to a preschool/childcare setting. A current immunization record is attached.

### Part G: Consent for Water Play and Photos

1. I give consent for my child to participate in water activities, involving sprinklers, water tables and wading pools containing less than 12 inches of water. ☐ **Yes** ☐ **No**

2. I give consent for my child's photographic image to be used in electronic and print media. ☐ **Yes** ☐ **No**

### Part H: Signature

I attest to and agree with all information contained within this three-page registration form for Preston Royal Preschool's summer camp.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date