EMERGENCY PICK-UP AUTHORIZATION INFORMATION This section MUST be filled out in order to attend camp

Emergency Contact Name:	Phone:					
Health Insurance Company:	Ins. Ph. #	Policy#	ID#			
Any Allergies or Medical Conditions? All Food Allergies must have a Food Allergy Act		☐ YES ☐ NO	N/A			
Persons authorized to pick-up and phone no: If I cannot be reached, Paddington is authorized to take we consent for any necessary treatment while my child is in Paddington reserves the right to request the withdrawal of and accept these terms.	the care of a physician, hospital, or c	linic.				
Parent Signature:	Date:					
Parent Name:						
How did you hear about us?						
Return check to: Paddington School, 2010 Sawdust I Qualifies For Discount? Yes/NoPayment du	•					

Child's Name:

Camp Enrollment R	<u>egistered Childre</u>	<u>en will be confirm</u>	ned by phone	Duplicate if re	egistering more than one chil
Child's Name:			Age as of 05/30/24	: yrsmos	DOB
Parent's Name:		Address:			City:
Zip Code: Mom's C	Cell:		Dad's Cell:		
Are you currently attending Padding	gton?	Email (Please	write clearly):		
Camp Sessions - Please chec	ck/circle all that a	pply	CHILDREN Ages 3.11	1+up MUST BE	POTTY TRAINED
	Days/Times: T/T	$H \sim MWF \sim M-F$	9-12 or 9-3 ~ Choose 1 or 2 weeks below		
Tiny Tots: 1.9 - 2.7 yrs	\square May $28-31$	\Box June 3 – 7	\Box June $10-14$	□ June 17 – 21	
Little People: 2.8 - 3.10 yrs	□ May 28 – 31	\Box June 3 – 7	□ June 10–14	□ June 17 – 21	
	One-week sessions ~ 9-12 or 9-3		Classes divided by age		
Explorers: 3.11 – 5 yrs	□ May 28 – 31	□ June 3 – 7	□ June 10 – 14	□ June 17 – 21	
Adventurers: K-9 yrs	□ May 28 – 31	□ June 3 –7	□ June 10 – 14	□ June 17 - 21	