



Loomis Union School District
TK/Kindergarten Summer Prep Camp

Registration Form
July 30, 2018-August 3, 2018

Student Name:	Date of Birth:
Parent Name:	Home Phone:
Address:	Cell Phone:
School of Attendance in 2018-2019 Year:	
Grade entering in 2018-2019 Year: <input type="checkbox"/> Transitional Kindergarten <input type="checkbox"/> Kindergarten	
Does your child currently have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please rank your 1st and 2nd choice of preference for TK/Kindergarten Prep Camp:
(We will make every effort to place your child at your location of preference. An additional location may be added based on enrollment)

___ Loomis ___ Placer

Medical Information

Family Physician: _____ Phone: _____

List of current medications: _____

Allergies: (be specific) _____

Emergency Contact: _____ **Phone:** _____

Please check any of the following that might apply to your child:

- Severe bee sting allergy Heart condition Severe food allergy Asthma Diabetes
 Hearing problem Wears glasses Wears contacts Other: _____ No known health problems

What action is to be taken if a complication is due to an allergic or health condition?

In case of accident/emergency, *if parent or guardian cannot be reached*, I authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. I authorize such care and treatment to be performed by any licensed physician or surgeon.

Parent/Guardian Signature: _____ Date: _____