



Jamboree Kids

Sea Breeze Lane, P. O. Box N-1719

Nassau, N. P., Bahamas

Telephone: (242) 324-2939

Email: jamboreekids1@gmail.com

Monday - Friday 7:00am to 4:00pm

Website: www.jamboreekidsbahamas.com

PHOTO

Summer School Registration Form

Admission Requirements:

(1) Non-refundable registration fee of \$100.00

(2) Completed and signed application form and a passport photo or passport copy

(3) Monthly fees are \$500.00

Child's First Name: _____ M. I. _____ Last Name: _____

Nickname(s): _____ Date of Birth: _____ Start Date: _____

Child's Address: _____ Age: _____ Gender: Male Female

School presently attending: _____ **Current Grade:** _____

Likes, Dislikes and/or Special Interests: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Medical Problems: It is mandatory that the staff is informed of any medical problems or illness. If a child is suffering from any serious illness they will not be allowed in the centre. Jamboree Kids will not be held responsible for any ailment that was not brought to the attention of our staff.

Mother's First Name: _____ **M.I.** _____ **Last Name:** _____

Address: _____

Home Phone: () _____ **Cell Phone:** _____

Occupation/Employer: _____ **Work Phone:** _____

Email address: _____

Father's First Name: _____ **M.I.** _____ **Last Name:** _____

Address: _____

Home Phone: () _____ **Cell Phone:** _____

Occupation/Employer: _____ **Work Phone:** _____

Father's Email address: _____

Number of Siblings living with the child: _____

Authorized Pickup Persons:

Name: _____
Address: _____
Relationship to Child: _____
Cell Phone: _____
Work Phone: _____

Name: _____
Address: _____
Relationship to Child: _____
Cell Phone: _____
Work Phone: _____

A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.

Emergency Contacts:

Name: _____
Address: _____
Relationship to Child: _____
Cell Phone: _____
Work Phone: _____

Name: _____
Address: _____
Relationship to Child: _____
Cell Phone: _____
Work Phone: _____

EMERGENCY CONSENT: It is our policy to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service. Please state if you prefer Princess Margaret Hospital or Doctor's Hospital. Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD _____ WHEN ILL/INJURED TO BE TAKEN TO **PRINCESS MARGARET HOSPITAL** ____ or **DOCTOR'S HOSPITAL** ____ BY THE STAFF OF JAMBOREE KIDS WHEN I/WE CANNOT BE CONTACTED. I ALSO CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

Parent Emergency Signature: _____

This document is a requirement to the condition of the enrollment of your child into our summer program. Jamboree Kids has concluded therefore that as you have chosen our establishment for your child's summer experience, you are aware and are willing to abide by the rules and expectations under which the school operates. The registration of your child at Jamboree Kids Summer Program, further represents a commitment to abide by the disciplinary procedures as they are published within our school handbook found on the school's website.

I, _____ (Parent or Guardian's name) give permission to **JAMBOREE KIDS** to photograph my child, to display on Jamboree Kids Website, and in school brochures.

Parent Authorization Signature: _____

You hereby understand that: Summer camp fees are non-refundable and non-transferrable. Credit will not be given for sick days, vacation days, holidays, camp uniforms, breakfast fees, lunch fees, nor the withdrawal of your child from the Jamboree Kids Summer Program. Summer Fees must be in advance. Your signature indicates that you understand your responsibility (whether your child is sick or absent from school) to pay summer tuition for the entire week. Your signature indicates that you will not hold Jamboree Kids responsible for any injuries, sickness, or medical expenses incurred during your child's enrollment in our summer program.

PLEASE NOTE: Sick children are not allowed on school premises.

Your signature indicates your compliance to observe **Covid-19** social distancing protocols. Failure to do so will result in removal from the program. Any fees paid will be forfeited upon removal from the program. These rules must be adhered to by students and parents alike. Your signature indicates that you will not hold Jamboree Kids responsible should your child contracting **Covid-19** during your child's enrollment in our summer program.

I hereby acknowledge that the information set forth in this Registration Form is true and correct. I agree to the contents herein and to abide by the policies of Jamboree Kids.

Parent Signature: _____ **Date:** _____