

BALLESTRINI'S CHILD CARE CENTERS

2022 SUMMER CAMP REGISTRATION

CHILD'S NAME: _____ Grade (As of 9/2022) _____

T-Shirt size (Please Circle) : YOUTH : X-SM SM M LG XLG

ADULT : SM MED LG

LOCATION: (Please circle one) SALEM NIANTIC WATERFORD

Elementary school child attends: _____

Circle days your child will attend : (Must have a set schedule)

Monday Tuesday Wednesday Thursday Friday

Hours: _____ am to _____ pm

Please circle the weeks your child will attend :

Aloha Summer: June 20th -24th

Catch a Wave: June 27th - July 1

Ahoy Mateys: July 5th - 8th

Eureka: July 11th - 15th

Animal Planet: July 18th - 22nd

Dive into Magic: July 25th - 28th

We Dig For Dinosaurs: August 1st- 5th

Color Me Happy: August 8th - 12th

What's Beyond the Moon?: August 15th - 19th

August 22-25th

August 29-Sept. 1

My Child is able to participate in all on site activities. I understand there will be additional fees for off site field trips.

Parent Signature: _____ Date: _____

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2022 Field Trip Permission Slip

CHILD'S NAME: _____ Grade (As of 9/2022) _____

Tuesdays June 28th	Pleasure Beach	YES	NO	\$15
Tuesdays July 12th	Pleasure Beach	YES	NO	\$15
Tuesdays July 26th	Pleasure Beach	YES	NO	\$15
Tuesdays August 9th	Pleasure Beach	YES	NO	\$15
Tuesdays August 16th	Pleasure Beach	YES	NO	\$15
Thursday July 7th	Mystic Seaport	YES	NO	\$25
Thursday July 21st	Roger Williams Zoo	YES	NO	\$30
Thursday August 4th	Natures Art	YES	NO	\$30

FIELD TRIP TOTAL (\$160 for all) \$ _____

() My Child will be participating in the above indicated field trips

Facility fee (\$50 after 4/1/22 \$20 early registration prior to 4/1/22) \$ _____

** Facility fee includes all on site activities and sunscreen.

Additional T- Shirt (\$10 Each) \$ _____

Swim Shirt (\$20 Each) \$ _____

SUBTOTAL DUE \$ _____

— Subtract fundraiser money - \$ _____

TOTAL DUE : \$ _____

I would like to chaperone the following field trips: _____

I give my child permission to participate in the above listed field trips or activities as indicated. I understand that all children will be traveling by school bus to all above locations. I understand that field trips may be cancelled or rescheduled at anytime. I further understand that all money is non refundable.

** Amount due will be invoiced to ProCare on receipt of permission slip. If you are signed up for automatic payment this will automatically be charge to your card on file

Parent Signature: _____ Date: _____

BALLESTRINI'S CHILD CARE CENTERS

Parent/Guardian Authorization for the Administration of Non-Prescription Sunscreen by Child Care Personnel

To Child Care Personnel:

I hereby request that the following non-prescription topical sunscreen be administered to my child by a child care staff member of **Ballestrini's Child Care Centers**.

Name of Child: _____ Date of Birth: _____

Name of Sunscreen: BANANA BOAT SPORT

Site of Administration: BODY PARTS EXPOSED TO SUN

Schedule of administration: BEFORE AFTERNOON OUTDOOR PLAY- OR WHEN DEEMED NECESSARY BY BALLESTRINI'S STAFF- PARENTS WILL APPLY SUNSCREEN IN THE MORNING.

Name of Parent/Guardian _____ Date: _____

Signature: _____ Relationship to child: _____

**SUNSCREEN WAIVER : DO NOT APPLY SUNSCREEN TO MY CHILD
_____ UNDER ANY CIRCUMSTANCE.**

I understand that Ballestrini's Child Care assumes no responsibility for my child's risk of too much sunlight as a result of not permitting Ballestrini's staff to apply a sun protection product.

Name of Parent/Guardian _____ Date: _____

Signature: _____ Relationship to child: _____