MC900021669[1]Preston Royal Preschool

Office Use Only:

5600 Royal Lane, Dallas TX 75229

Phone: 214-987-3446 Fax: 214-369-8939

Prestonroyalpreschool.com

**Registration Form for Summer 2025**

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

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

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age as of June 1, 2025: \_\_\_\_\_years and \_\_\_\_\_ months

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Select Sessions** | **Session** | **Dates** | **Theme** | **Tuition** |
|  | Mini-Camp | May 19 – 21 | Let’s Get Messy! | $200 |
|  | Session 1 | June 2 – 5 | 5-4-3-2-1 Blast off! | $300 |
|  | Session 2 | June 9 – 12 | Creepy Crawlers | $300 |
|  | Session 3 | June 23 – 26 | Planes, Trains, and Automobiles | $300 |

**Details:** Submit registration form and payment of $200 for mini-camp or $300 per session as soon as possible. Checks should be made payable to *Preston Royal Preschool*. Current families may bill to Brightwheel before March 21st. 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 $100 processing fee per session, will be refunded if you cancel **before March 31**. There will be no refunds as of April 1st. 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 21st.**

□ I am registering without payment before March 21st; bill my Brightwheel account.

□ I am registering after April 1st; my check for $200 (mini-camp) or $300 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 the full tuition 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MC900021669[1]**FOR NEW CHILDREN ONLY** Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Parent/Guardian | Parent/Guardian | Nanny/Daytime Caregiver |
| Name |  |  |  |
| Relationship |  |  |  |
| Daytime Phone | □ Cell □ Work □Home | □ Cell □ Work □Home | □ Cell |
| Alternate Phone | □ Cell □ Work □Home | □ Cell □ Work □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) |
|  |  |  |

MC900021669[1]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**

**C**ontact PRP for required paperwork.

1. 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.

1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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. Igive 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