



Future Einsteins
42 Severance Green
Colchester, VT 05446
Phone: (802)288-9035

Camp Enrollment Forms

Parent/Guardian Information

Parent or Guardian Name _____

_____ Completed Enrollment Forms

_____ Subsidy Certificate (if qualified)

_____ Up to date Immunization Record

Future Einsteins Center Staff Information

Completed by _____

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Child Information Form

Child's Name _____

Child's Nickname _____

Known Food Allergies: _____

Important: Please ensure _____
your child's teacher knows
of any life threatening allergies. _____

Prior Childcare Experience _____

Daily Routine _____

Sleeping Habits _____

Child's Fears _____

Anything else you would
like us to know about your
child? _____

Parent or Legal Guardian's Signature: _____

Date: _____

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Enrollment Form

Child's Information

Child's Name: _____

Child's Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent or Guardian Information

Parent/Guardian Name _____

Home Address: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____ Work # _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Parent or Guardian Information

Parent/Guardian Name _____

Home Address: _____

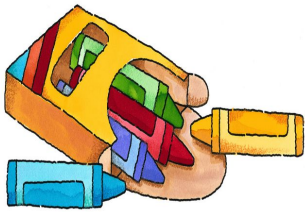
City: _____ State: _____ Zip: _____

Place of Employment: _____ Work # _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Continue on next page



Future Einsteins
42 Severance Green
Unit 105
Colchester, VT 05446
802-288-9035

Automatic Billing Authorization Form

Monthly Charge: _____ Weekly Charge: _____

Primary Card Account

Secondary Card Account

Name on credit card (exactly as printed)

Name on credit card (exactly as printed)

Billing Address for credit card (Street Apt#)

Billing Address for credit card (Street Apt#)

_____/_____/_____
City State Zip Code

_____/_____/_____
City State Zip Code

_____/_____
Credit Card Number Expiration Date

_____/_____
Credit Card Number Expiration Date

CCV Code

CCV Code

_____/_____
Signature Today's Date

_____/_____
Signature Today's Date

*This authorization is valid until I provide you with written cancellation.

Children's Name(s) _____



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Emergency Release Form

Emergency Information

Child's Name: _____

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____

Child's Insurance Information

Health Insurance Company: _____ Policy # _____

Dental Insurance Company: _____ Policy # _____

Parent or Guardian Information

Parent/Guardian Name _____

Work/Cell Phone _____ Home Phone _____

Parent/Guardian Name _____

Work/Cell Phone _____ Home Phone _____

Authorization

I _____ and/or _____ understand the above and hereby authorize any member of the staff at Future Einsteins to give permission for any medical, hospital, or dental treatment for child _____ in the event of injury or illness, while the child is in the care of the above named provider or center. I understand and agree that I would be financially responsible for any medical, hospital, or dental treatments unless my child's injury is due to improper supervision or faulty equipment. I have full understanding that every attempt will be made to contact the parent/guardian in the event medical, hospital, or dental treatment is necessary. I understand that certain medical emergencies may not allow much time for contact of a parent/guardian and that if a life threatening situation arises, immediate medical attention will be sought by the provider/center.

Parent or Legal Guardian's Signature: _____ Date: _____

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Photo Release Form

Child's Information

Child's Name: _____

Photo Release

Please check the appropriate box

I give permission to Future Einsteins to take or have photos take of my child. I understand that these photos will not be sold or distributed without my knowledge or permission.

I do not give permission to Future Einsteins to take photos of my child.

Please check the appropriate box

I give permission to Future Einsteins to videotape or have videotapes taken of my child. I understand that these videotapes will not be sold or distributed without my knowledge or permission.

I do not give permission to Future Einsteins to videotape or have videotapes taken of my child.

Please check the appropriate box

I give permission to Future Einsteins to include photographs of my children on marketing materials and/or on the www.futureeinsteinsvt.weebly.com web site. I understand that my child's name will not be used on the web site or on the marketing materials.

I do not give permission to Future Einsteins to include photographs of my children on marketing materials and/or on the www.futureeinsteinsvt.weebly.com web site.

Authorization

By signing this document, I am confirming my choice to either grant or deny the photographing or videotaping of my children while they are enrolled and attending Future Einsteins

Parent or Legal Guardian's Signature: _____ **Date:** _____

Future Einsteins Authorized Signature: _____ **Date:** _____

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Emergency Contact Information

If one of the above parents or guardians cannot be reached in an emergency or illness, please contact one of the following individuals. **The State of Vermont requires that we have on file, the current names and daytime phone numbers of at least two individuals that can pick up your child if we cannot reach you.**

The following people have permission to pick up my/our child without written notification.

Emergency Contact Person

Emergency Contact's Name _____

Home Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell Phone: _____

Emergency Contact Person

Emergency Contact's Name _____

Home Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell Phone: _____

Authorization

Parent or Legal Guardian's Signature: _____

Date: _____