JOIN US FOR HERITAGE ELEMENTARY



OPEN TO INCOMING KINDERGARTEN STUDENTS TO MEET THE TEACHER, LEARN SCHOOL ROUTINES, GET FAMILIAR WITH THE CAMPUS, AND PRACTICE SOME OF THEIR ACADEMIC SKILLS.





KINDER CAMP REGISTRATION 2024

| School Attending: | ☐ Williams Campus | | |
|---|--|---|----|
| Name of Student: | | Date of Birth: | // |
| Session: July 15-19, Mondo | y-Thursday, 9:00 a.m Noon | | |
| Dates child will be attending | : | | |
| Attending all days: □ Yes □ Dates not able to c | No uttend: | | |
| Child Name: | Date of Birth: | // | |
| Parent Name: | | | |
| Address: | | | |
| Phone Number: () | | | |
| Email: | | | |
| Emergency Contact: | | | |
| Emergency Contact Phone N | Number: () | | |
| Does your child have any al | lergies? 🛮 Yes 🖟 No | | |
| If yes, what are they? | | | _ |
| Medical Conditions/Medical | ations: | | |
| Individuals authorized to pic (Identification may be reque | k my children up:sted at pick-up) | | _ |
| Parent/Guardian Signature | Date signed: | | |
| | age Elementary Kinder Camp program to pu , taken during | ublish any or all pictures of my child, g the duration and conducting of this program. | |
| Parent/Guardian Initials: | Date Initialed: | | |
| Parents: Please drop off and | pick up on time! | | |