



Summer Camp Registration Form

Monday – Friday, 9am – 12noon

Camps held at Broadmoor Preschool – 951 Dowling Blvd, San Leandro

Each day includes art, science, games, music, and outdoor activities.

Parents assist in class once per week

For children 2 ½ – 5 years old*

\$100 per child, per session

Please enroll my child in the following session(s):

- June 11 – 15: Sand and Surf** Build sandcastles, play with water, and have a luau
- June 18 – 22: Ooey Gooey** Explore your senses. Make clean mud, oobleck, and more
- June 25 – 29: Rock and Roll** Pan for gold, make musical instruments and ice cream.
- July 9 – 13: Fairy Tales** Kings and queens, pigs and porridge, Mother Goose and other favorites.

Child's Name _____ Date of Birth _____

Parent/Guardian's Name _____ Date of Birth _____

Email _____ Phone _____

Parent's preferred workday: Monday Tuesday Wednesday Thursday Friday

Days you CANNOT work: Monday Tuesday Wednesday Thursday Friday

Return completed registration and emergency contact forms along with payment to:

Summer Camp Coordinator
1743 140th Avenue
San Leandro, CA 94578

For more information, contact:
summer@broadmoorpreschool.org

Camps subject to cancellation if minimum enrollment is not obtained. Payment is non-refundable unless the session has been cancelled.

** The youngest children must turn 3 before December 1; the oldest must be entering Kindergarten in the fall*

Emergency Form

Child's Name _____ Birthdate _____

Home Address _____

Parent/Legal Guardian's Name _____ Parent/Legal Guardian's Name _____

Primary Phone _____ Primary Phone _____

Secondary Phone _____ Secondary Phone _____

Other Phone _____ Other Phone _____

Person(s) to be notified in case of emergency, if Parent(s)/Legal Guardian(s) cannot be reached:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Physician's Name _____ Phone _____

Physician's Address _____

Insurance Provider _____ Medical Record Number _____

Child's known allergies _____

Persons Authorized to Pick Up Child from Camp

Please list names of relatives, friends, neighbors or baby sitters who you wish to be authorized to pick up your child from camp. Persons picking up a child not familiar to the teacher will need to present picture identification before the child is released to them.

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Under no circumstance will the child be released to anyone not known to the school without authorization from parent(s) or legal guardian(s).

I understand that, per Broadmoor's Rules and Regulations, in the event that my child is not picked up from camp, no emergency contact can be reached, and the directors have not been notified by the participating parent/legal guardian for any alternative plans for the child, my child will be turned over to the San Leandro Police Department.

Signatures of Parent/Legal Guardian

_____ Date _____

San Leandro Adult School

STUDENT REGISTRATION FORM

Today's Date ____ / ____ / ____
 Month Day Year

Print Clearly. Fill out Completely. Please note: The CA Department of Education requests demographic data for all who enroll in classes. This information may assist our school in qualifying for state and federal funds. Information is confidential but may be shared with other educational or government institutions. All class fees are non-refundable, unless classes are cancelled.

Please check one. Returning New Concurrent **Term:** Fall Winter Spring Summer
 Program: ESL/Citizenship ASE or GED CTE Fee based classes Active older adult

PART 1	For Office Use Only	Social Security # (Optional)		Student ID	Entered in ASAP:	
		_____		_____	Date	By:
Fees Paid: Cash		Check #	Receipt #	May already have ID		

1. Name	2. Birth Date	3. Gender
_____ Last Name First Name Middle	____/____/____ Month Day Year	<input type="radio"/> Male <input type="radio"/> Female

4. Address	5. Home Phone
_____ Number and Street Apartment #	(____) _____ - _____
_____ City State Zip	6. Work Phone
	(____) _____ - _____
	7. Cell Phone
	(____) _____ - _____

8. Email _____

Part 2	9. Economic Special Needs/Personal Status (check all that apply or leave blank)	10. Ethnicity	11. Are you Hispanic?	
	<input type="radio"/> Food Stamps <input type="radio"/> Family Eligible for Medi-Cal <input type="radio"/> TANF/CalWORKS Recipient <input type="radio"/> SSI Recipient <input type="radio"/> County General Assistance <input type="radio"/> Child eligible for free/reduced school meals	<input type="radio"/> Probation/Jail Program <input type="radio"/> Receiving CA Training Benefits (EDD) <input type="radio"/> Single Parent <input type="radio"/> Disabled <input type="radio"/> Family has housing assistance (Sec 8) <input type="radio"/> Homeless <input type="radio"/> None	<input type="radio"/> American Indian <input type="radio"/> Asian <input type="radio"/> Filipino <input type="radio"/> Black or African American <input type="radio"/> White <input type="radio"/> Pacific Islander <input type="radio"/> Alaskan Native <input type="radio"/> _____	<input type="radio"/> Yes <input type="radio"/> No 12. Highest school grade completed _____ 13. Majority of schooling outside United States? <input type="radio"/> Yes <input type="radio"/> No

Part 3 and 4	14. My Family (Household) Total Gross Annual Income before Taxes is (Check one)	16. Number of Dependents (younger than 18 years old)	18. Labor Force Status (Check One)	19. Primary Language	20. Employment Barriers
	<input type="radio"/> \$0 (No income) <input type="radio"/> \$ _____	_____	<input type="radio"/> Employed <input type="radio"/> Unemployed <input type="radio"/> Employed but received notice of termination <input type="radio"/> Not in labor force	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Vietnamese <input type="radio"/> Chinese <input type="radio"/> Other _____	<input type="radio"/> Cultural Barriers <input type="radio"/> English Language Learner <input type="radio"/> Ex-Offender <input type="radio"/> Foster Care Youth <input type="radio"/> Disabled <input type="radio"/> Homeless <input type="radio"/> Single Parent <input type="radio"/> Long-term Unemployed <input type="radio"/> Low Levels of Literacy
	15. Marital Status	17. Are you enrolled in CalWorks?			
	<input type="radio"/> Single <input type="radio"/> Married	<input type="radio"/> Yes <input type="radio"/> No			

Part 3 and 4	21. Highest Diploma/Degree Completed	22. Emergency Contact Information	23. Reason for Enrollment – Attainable Goal within one Year (PLEASE check two)
	<input type="radio"/> None <input type="radio"/> High School Diploma <input type="radio"/> HSE (GED) Certification <input type="radio"/> Technical Certification <input type="radio"/> Some College (No Degree) <input type="radio"/> AA/AS Degree (2 Years of College) <input type="radio"/> Bachelor Degree (4 Years of College) <input type="radio"/> Other _____ My degree was earned outside the US <input type="radio"/> Yes <input type="radio"/> No	Name _____ Relationship _____ (____) _____ - _____ Emergency Contact Area Code and Phone Number _____	<input type="radio"/> Enter College or Training <input type="radio"/> Family Goal <input type="radio"/> Get a Job <input type="radio"/> Improve English skills <input type="radio"/> Improve basic skills <input type="radio"/> Military
			<input type="radio"/> Personal Goal <input type="radio"/> Diploma/GED <input type="radio"/> Retain a Job <input type="radio"/> U.S. Citizenship <input type="radio"/> Work-based project <input type="radio"/> Other

Signature: _____

Date: _____