

The Bay School Summer Program (Ages 4---7)

2026 Registration

Child's Name _____

Birth Date: _____ Age: _____

Local Address: _____

Parents/Guardians: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Please check the session(s) you wish your child to attend:

Session I July 6---9, 9:00am---2:00pm

Session II July 13---16, 9:00am---2:00pm

Session III July 20---23, 9:00am---2:00pm

**Cost per session: \$300 A \$50 per week non---refundable deposit is due upon registration.
Full payment is due by June 1.**

Please complete this form, and send with payment to: The Bay School P.O. Box 950, Blue Hill, Maine 04614

Briefly describe your child's past camp and school experience:

My child has allergies My child takes medication My child has special needs

Please Explain: _____

Permission for Field Trips and Special Activities

My child, _____, has permission for a supervised walk across the street to the BHHT trail and to the library as part of The Bay School Summer Program. Parents will be advised of all trips in advance.

Date _____

Signature _____

The Bay School Emergency Information—Summer Camp 2026

Student's Name _____ Birth Date _____
Last First Middle Home Phone _____

Address _____ Mailing Address (if different from above): _____

Parent 1 Name: _____

Cell Phone: _____ Email Address: _____

Address (if different from child's): _____

Name and place of employment (including physical address): _____

Parent 2 Name: _____

Cell Phone: _____ Email Address: _____

Address (if different from child's): _____

Name and place of employment (including physical address): _____

Child lives with: _____ Child's custodial parent (if two households): _____

List two persons (other than the child's parents) who may be contacted to assume temporary care of your child in case a parent cannot be reached in an emergency:

Name _____ Relationship: _____ Phone _____

Name _____ Relationship: _____ Phone _____

Names of persons who are permitted to pick up your child from Summer Camp:

Does your child have any physical conditions or any known allergies that should be brought to our attention?
Yes ___ No ___ If so, please explain and list symptoms (use back of page if necessary): _____

Is your child currently taking any medication? Yes ___ No ___ If so, please explain and describe any cautions (use back of page if necessary): _____

Is your child up-to-date on all immunizations? Yes ___ No ___ Please ask if you need a current immunization list.
We require immunization records from your child's doctor or a medical immunization waiver signed by the doctor.

It is school policy that no medication (including Tylenol, Ibuprofen, etc.) may be administered without written permission from a physician or parent/guardian. All medications, including inhalers, must be given to the Summer Program teachers, who will administer them.

Physician & address _____ Phone _____

Dentist & address _____ Phone _____

Medical Insurance Company _____ Policy# _____ Group# _____

In case of accident or serious illness, I give the school permission to seek emergency medical care for my child.

Parent/Guardian Signature _____ Relationship _____ Date _____

Parents/guardians are responsible for notifying The Bay School of any changes in information.