



# 2019-2020 School's Out Camp

## Pre-Registration Form

### For Children Age 5 through Age 12

### NM McHenry Hospital Childcare Center

#### Managed by Bright Horizons



**To Register:** Submit one form per child to the school in person, via [nmmchenry@brighthorizons.com](mailto:nmmchenry@brighthorizons.com) or Fax to 815-363-4790. For rates, please contact the school directly.

**Enrollment Status:** Registration does not guarantee a space; this form adds your child to the waitlist, space is based on current availability in our kindergarten prep/school age classroom.

**Cancellations:** A one week written notice is required. There are no credits for absences.

**Questions:** Email [nmmchenry@brighthorizons.com](mailto:nmmchenry@brighthorizons.com) or call 815-363-2356.

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_ M \_\_\_\_ F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

What grade will your child be in for academic year 2019-2020? \_\_\_\_\_

Are you a Northwestern Medicine Employee? \_\_\_\_ Yes \_\_\_\_ No

If yes, please provide your Employee ID: \_\_\_\_\_

Are siblings currently enrolled at the center? \_\_\_\_ Yes \_\_\_\_ No

Parent's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check your school district calendar and then indicate only the dates your child needs:

____ Nov 25-27, 29	Thanksgiving Break M____T____W____TH-CLOSED F____
____ Dec 23-24, 26-27	Winter Break M____T____W-CLOSED Th____F____
____ Dec 30-31, Jan 2-3	Winter Break M____T____W-CLOSED Th____F____
____ Jan 6-10	Landmark Recess M____T____W____Th____F____
____ Jan 20	MLK Jr. Day
____ Feb 17	President's Day
____ Mar 4	Pulaski's Birthday
____ Mar 16- Mar 20	Landmark Recess M____T____W____Th____F____
____ Mar 23- Mar 27	Spring Break M____T____W____Th____F____
____ April 10	Good Friday
____ May 25	Memorial Day

Space is limited; Enrollment will be secured on a first-come, first-served basis. Client families and those with children who currently attend will have priority access for siblings.

Upon receipt of this form and registration fee, an enrollment packet and rate sheet will be provided and must be completed and returned no later two weeks prior to first enrolled date.

**NM McHenry Hospital Childcare Center**

4201 Medical Center Drive  
McHenry, IL 60050  
815-363-2356

[nmmchenry@brighthorizons.com](mailto:nmmchenry@brighthorizons.com)  
[www.brighthorizons.com/nmmchenry](http://www.brighthorizons.com/nmmchenry)

**For Office Use Only:** Order Number: \_\_\_\_\_ Date Received: \_\_\_\_\_ If New Enrollment,-Registration Received Y N