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**Calvary Summer Camp Pre-k & K**

**2020Registration Form**

**(06/29-08/7)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Name: | | | | | |  | | | | | | | Age: | | | | |  | | | | Birthday: | |  | |
| Gender\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | |  | | | | |  | | | |  | |  | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Home Telephone: | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Mother’s Name: | | | | |  | | | | | | | Father’s Name: | | | | | | | |  | | | | | |
| Cell number: | | | |  | | | | | | | | Cell number: | | | | | | |  | | | | | | |
| Email: |  | | | | | | | | | | | Email: | | |  | | | | | | | | | | |
| Does your child have any allergies &/or dietary restrictions?  Please indicate  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fee Structure**  **Enrolling for all 6 weeks: Enrolling for less than 6 weeks:**  \_\_\_\_\_Full Day Program 9-3:15 -- $1350 \_\_\_\_\_Full Day Program 9-3:15 -- $250 per week  \_\_\_\_\_Half Day Program 9-11:30 --$900 \_\_\_\_\_Half Day Program 9-11:30 --$175 per week  **Discounts**  **$100 non-refundable deposit due with**  2nd child – 5% discount **this application**  \*All students must submit a completed form from the doctor and immunization records with the application.  \* Please make checks payable to: ***Calvary Church Outreach Center (CCOC)***  **\*\* Final Payment due by June** 1st | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give Calvary Summer Camp, their employees, and volunteers, permission to teach my child for the Summer session of 2019. I will in no way hold Calvary Summer Camp, their employees, or volunteers responsible for any injury that may occur to my child. I grant permission to Calvary Summer Camp and their employees to transport my child to various destinations for various trips throughout the summer. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | |  | | | | | | | | | | | | | Date: | | | | |  | | | | |
|  | | |  | | | | | | | | | | | | |  | | | | |  | | | | |
| **Office Use Only** | | | | | | | | | | | | | | **Application No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | |
| Deposit Payment: | | | | | | | | Cash: | |  | | --- | |  | | Check No: |  | | | | | | Balance | | | | | | Paid in Full: | | |  | | --- | |  | |
| Memo: | | | | | | | | | | | | | | | | | | | | | | | | | |