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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: |

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|  |

 | Check No: |  |  Balance | Paid in Full: |

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| Memo: |