

**SUMMER CAMP REGISTRATION
2011**

STUDENT INFORMATION

Last Name First Name Middle Name Preferred Name

Street Address City ZIP Code

_____/_____/_____-_____-_____
Date of Birth Social Security Number Grade (please indicate if FT or PT)

FAMILY INFORMATION

Parent's Marital Status: Married Divorced Separated Widowed
Student lives with? _____ Relationship to Student? _____

FATHER

Name

Home Phone

Employer

Employer's Phone

Cell Phone

Address (if different from student)

MOTHER

Name

Home Phone

Employer

Employer's Phone

Cell Phone

Address (if different from student)

EMERGENCY CONTACTS (other than parents (two required):

Name (First & Last) Relationship to Student Home Phone Cell Phone

Name (First & Last) Relationship to Student Home Phone Cell Phone

AUTHORIZED PICK UPS

Other adults authorized to pick up student from school (Proper ID required, must be 18 or over to pick up student):

Name (First & Last) Relationship to Student

Name (First & Last) Relationship to Student

CONSENT AND MEDICAL RELEASE

Child's Physician	Phone	Child's Dentist	Phone
Allergies:	Reaction:	Prescribed Medication:	Dosage:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Name of Insurance Company		Name of Insured	
_____		_____	
Policy Number	Group Number		
_____	_____		

AUTHORIZATION FOR EMERGENCIES

- A. Permission is granted for the officials of Kings Avenue Christian Preschool to administer first aid, and to obtain the services of a licensed physician, and to arrange transportation to the nearest hospital in case the person named above is seriously ill or injured and requires hospitalization.
- B. Permission is also granted to the attending physician to render whatever treatment he deems best for the person's welfare, and the responsibility for all expenses incurred will be assumed by the individual whose signature appears below.
- C. I hereby release and discharge Kings Avenue Baptist Church or Kings Avenue Christian Preschool, its employees and officials, including volunteer chaperones, from any and all liability in case of accident or any other injury which might occur to my child through the administration of first aid, or transportation to a medical facility. I hereby release said aforementioned officials from any liability because of any injury or damage which may occur.
- D. I will accept responsibility for payment of all medical services rendered.

Signature of Parent of Guardian: _____ Date: _____

Signed and sealed before me this _____ day of _____, _____

Signature of Notary: _____ Personally known Identification _____

CAMP FEES AND FINANCIAL POLICY

1. Registration fee of \$25 is non-refundable and due with registration form.
2. Weekly fee is \$125. Daily rate is \$35 (maximum 2 days)
3. Payment is due no later than Friday at 6:00 p.m. for the following week.
4. The late fee is \$25 per week if payment is received late.
5. First weekly payment due no later than first day upon arrival to camp.
6. Camp hours are from 7:00 a.m. until 6:00 p.m. Late fees will begin at 6:01 p.m. and are \$1 per minute per child; payable upon arrival to pick up the child.
7. Returned check fees are \$30.00

I understand that any person(s) not authorized on this list CANNOT pick up my child. I have read the above policies and payment procedures and I understand the obligations and responsibilities that are required. By enrolling my child in this program I agree to abide by the requirements as explained.

Parent's Signature

Date

CAMP DATES

Weeks students will be attending camp (please check ALL that apply):

- | | | | |
|---|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> June 1 -3 | <input type="checkbox"/> June 6 - 10 | <input type="checkbox"/> June 13 - 17 | <input type="checkbox"/> June 20 - 24 |
| <input type="checkbox"/> June 27 - July 1 | <input type="checkbox"/> July 5 - 8 | <input type="checkbox"/> July 11 - 15 | <input type="checkbox"/> July 18 - 22 |
| <input type="checkbox"/> July 25 - 29 | <input type="checkbox"/> Aug 1 - 5 | <input type="checkbox"/> Aug 8 - 12 | <input type="checkbox"/> Aug 15 - 19 |