

# **Grace Community Preschool**

## **Summer Camp Registration**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Mother: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Father: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Address: \_\_\_\_\_

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

Child's Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

May the center call another physician if unable to contact the above? \_\_\_Yes \_\_\_No\_\_\_

Name of persons permitted to pick up child or be contacted in the case of an emergency, other than parents as listed above: (if none indicate "none")

Name	Phone	Relationship
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Name	Phone	Relationship
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Known allergies or dietary restrictions: \_\_\_\_\_

Any additional information you feel important for us to know:

I understand the \$75.00 non-refundable activity fee is due to secure placement. Camp tuition is due June 11<sup>th</sup> for Session 1 and July 9<sup>th</sup> for Session 2.

Enrolling Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

CHOOSE REGISTRATION CHOICE:

Session 1- Weeks of 6/11, 6/18, 6/25, 7/2 (No camp July 4<sup>th</sup>) \_\_\_\_\_

Session 2- Weeks of 7/9, 7/16, 7/23, 7/30 \_\_\_\_\_

ALL 8 WEEKS \_\_\_\_\_

Monday, Wednesday & Thursday 9:00am-2:00pm \_\_\_\_\_

Monday-Friday 9:00am-2:00pm \_\_\_\_\_



GRACE COMMUNITY CHURCH  
**PRESCHOOL**