

Grace Community PMO

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 11th for Session 1 and July 9th 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 4th) _____

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

ALL 8 WEEKS _____

3 Days 9:00-12:00 _____

3 Days 9:00-2:00 _____



GRACE COMMUNITY CHURCH
PRESCHOOL