



REGISTRATION FORM 2017 SUMMER

Child Information:

Child's Full Name: _____ Grade Just Completed: _____

Name child will go by at camp: _____ Birthdate: _____

Address: _____

Phone Number: _____ Gender: _____

Allergies/Medications: _____

Chronic Medical Conditions/Special Needs: _____

Are there any foods your child cannot eat? _____

Is child potty trained? _____ Any special information we should know if they are starting this process _____

Does child take a nap? _____

Any other helpful information we need to know about your child?

Parent Information:

Mom's Name: _____ Phone Number: _____

Home Address: _____

Occupation/Employer: _____

Cell Phone/Alternate Phone Number: _____

Email Address: _____

Dad's Name: _____ Phone Number: _____

Home Address: _____

Occupation/Employer: _____

Cell Phone/Alternate Phone Number: _____

Email Address: _____

Does child live with both parents? _____ If no who does child spend most of the time with? _____

Please list all people who are authorized to pick your child up from preschool:

Full Name: _____

Home Phone: _____ Cell Phone: _____

Relationship to Child: _____

Full Name: _____

Home Phone: _____ Cell Phone: _____

Relationship to Child: _____

Full Name: _____

Home Phone: _____ Cell Phone: _____

Relationship to Child: _____

Medical Information:

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Insurance Carrier: _____

Policy Number: _____

Emergency Contact: Name: _____

Phone Number: _____ Cell Phone: _____

Parental Agreements/Permissions: Please initial by each statement:

_____ I understand that my child's picture may be taken while at camp. I give permission for any pictures to be used by the preschool in presentations or publications.

_____ In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary for my child, transfer to Anmed Health if deemed necessary, and for physician at Anmed Health to treat my child.

_____ I understand that a registration fee of \$25. This is a non-refundable fee.

_____ I understand that if for any reason I want to withdraw my child from Covenant Christian Academy, I must give a one month notice. If I don't give a notice, I will still owe the month's tuition in full.

_____ I understand that the full time tuition is a weekly charge during the summer and is due at the beginning of each week or that the camp tuition is a one time charge.

Program Information: Please circle the program(s) enrolling child in:

Full Time Care: \$110/week due each week

Summer Camp 8:30-12:00 Tuesday-Thursday: \$60/week

Please circle the weeks your child will attend the camp:

June 6-8	June 13-15	June 20-22	June 27-29	July 5-6
July 11-13	July 18-20	Aug 1-3	Aug 8-10	Aug 15-17

If you are a full time camper, please list below the week(s) that you will be on vacation:

Parent Signature: _____ Date: _____