



2019 Summer Camp Registration Form

CAMPER INFORMATION

Name: _____ Date of Birth: _____
Gender (circle one): Female Male Grade Entering: _____

PARENT/GUARDIAN – CONTACT INFORMATION

Parent/Guardian #1

Name: _____
Street Address _____ City _____ State ____ Zip Code _____
Home Phone _____ Work Phone _____ Cell phone _____
E-mail _____

Parent/Guardian #2

Name: _____
Street Address _____ City _____ State ____ Zip Code _____
Home Phone _____ Work Phone _____ Cell phone _____
E-mail _____

EMERGENCY CONTACTS AND AUTHORIZED PICK UP PERSONS

(Please list 2 additional people other than a parent/guardian)

* Use this area to list the individual(s) we may contact in an emergency and/or you authorize to pick up your camper from camp in the event that you are unable to do so.

Emergency Contact #1

Name _____ Relationship to camper _____
Street Address _____ City _____ State ____ Zip Code _____
Home Phone _____ Work Phone _____ Cell phone _____

Emergency Contact #2

Name _____ Relationship to camper _____
Street Address _____ City _____ State ____ Zip Code _____
Home Phone _____ Work Phone _____ Cell phone _____

Please list any additional people who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Information

List any medical conditions that we need to be aware of (i.e allergies, bee stings, asthma)

CAMP WEEKS

Please indicate which camp sessions you are registering for. (Check as many boxes that apply)

- Week 1: May 28th – 31st
- Week 2: June 3rd – 7th
- Week 3: June 10th – 14th
- Week 4: June 17th – 21st
- Week 5: June 24th – 28th
- Week 6: July 1st – 3rd
- Week 7: July 8th – 12th
- Week 8: July 15th – 19th
- Week 9: July 22nd – 26th
- Week 10: July 29th – August 2nd
- Week 11: August 5th – 9th
- Week 12: August 12th – 16th

PAYMENT Information

Camp Fees and Tuition

Registration Fee (before April 30th \$30, after May 1st \$40) _____

Half Day Camper (\$60 tuition per week) \$ 60.00 X _____ (# of weeks)= _____
hours 9:00 am- 12:00 pm

Full Day Camper (\$100 tuition per week) \$ 100.00 X _____ (# of weeks)= _____
hours 7:30 am- 5:00 pm

Total Due: _____

I would like to pay:

- Balance in Full: Due by May 24th
- 3 Payments: Weeks 1-4 due by May 24th, Weeks 5-8 due by June 21st, Weeks 9-12 due by July 19th
- Weekly Payments: Due by the Friday before the week of camp (example: Week 1 is due May 24th)

Payment must be made in full before camper may attend camp. Late payments will be assessed a \$10 late fee.

Cancellations and Refunds: The registration fee is non-refundable. If you need to cancel a week of camp a written notice of two-week is required otherwise full payment is due.

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Any questions or concerns please contact Nicci Roper at nicciroper@crossofchrist.us or 763-786-0637 ext. 205.