

2014 Application

Registration / Material Fee must be included with this application Registered by April 30 - \$60 · Registered May 1st & After - \$75

Please check the weeks your child WILL BE attending:

[] June 2 - 6 [] June 9 - 13 [] June 16 - 20 [] June 23 - 27 [] June 30 - July 3 (Closed 4th) [] July 7 - 11 [] July 14 - 18 [] July 21 - 25 [] July 28 - August 1 [] August 4 - 8

My child will be attending:

[] Full Time (3-5 Days/Week) [] Part Time (1-2 Days/Week)

Today's Date				
If part time , what day(s) will	your child(ren) attend?			
Child's Name	Goes By _			_ Grade ('14-'15)
Age (as of June 2)	Date of Birth	[] Male	[] Female	
	Goes By _			_ Grade ('14-'15)
(2nd child, if applicable) Age (as of June 2)	Date of Birth	[] Male	[] Female	
	Goes By _			_ Grade ('14-'15)
(3rd child, if applicable) Age (as of June 2)	Date of Birth	[] Male	[] Female	
Address		_ Phone		
Citv	State		Zip	
Father's Name	Work Phone _	Work Phone C		one
Mother's Name	Work Phone _	Cell Phone		one
EMERGENCY CARE INFORM	MATION			
Name of Child's Doctor		Phone		
Hospital Preference				
If neither father nor mother	(or guardian) can be contacted, cal	l:		
Name	Relationship	Phone		e
Name	Relationship		Phone	<u></u>

PERSON(S) TO WHOM THE CHILD MAY BE RELEASED (OTHER THAN PARENT): _____ Relationship _____ Phone _____ Relationship Phone Name Who is responsible for the payment of this account? ____ BY SIGNING THIS APPLICATION, WE AGREE TO THE FOLLOWING: We give our child permission to participate in all Calvary Christian School Summer Day Camp events. This includes sports, field trips and all recreational activities. This also assumes voluntary participation in these events by the child. We also agree to apply sun screen before the child arrives at Summer Day Camp each day. We give permission for our child to reapply sun screen that is brought from home. We also give permission for our child's photograph to be used in promotional materials by Calvary Christian School without the expectation of compensation in any manner. We agree that the School staff may authorize the physician of their choice to provide emergency care in the event that neither we nor the family physician can be contacted. We give our permission for the School staff to administer emergency care if the need should arise. Any exceptions are hereby listed below: We will cooperate with Calvary Christian School Summer Day Camp in all policies and in its Standards of Christian Conduct. We give permission for our child's teacher, the day care director or the school principal to make and enforce regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures. Discipline methods include, but are not limited to, removal of privileges (game time, etc.), time out, parent contact, suspension or expulsion. We understand that all discipline will be carried out with tender loving care by the teaching staff and administration. The goal of all discipline is to train the child to be happy and well behaved in all situations. We understand the stated policy concerning discipline and will uphold Calvary Christian School in their discipline policy. We agree to pay the fee for our child's care on the first day in attendance each week. There is no "grace period" for payments for summer care. There is a \$35 late fee for payments not made on time and a \$35 fee for returned checks. There is a late charge of \$1.00 per child for every minute pas t the 6:00 p.m. pick-up time. In conclusion, we understand that attendance at Calvary Christian School's Summer Day Camp is a privilege and not a right. This privilege may be forfeited by any student who does not conform with the standards and regulations at the school or daycare. The school may dismiss any student at any time, who, in the opinion of the school, does not fit into the spirit of the school, regardless of whether or not he conforms to the specific rules and regulations of the school. Father's or Guardian's Signature ______ Date _____ Date _____ Date _____ Mother's or Guardian's Signature **BOTH PARENTS MUST SIGN! FOR OFFICE USE ONLY!!** Approval by CCS Summer Day Camp Representative ______ Date Received ____

Amount Paid _____ [] Cash [] Check Number ____ [] Debit/Credit Card