



“Camp Norcross”

Preschool Summer Camp Registration Form 2009

Weekly Tuition: \$75.00 School Hours: 9:00am -1:00pm

Tuesday /Wednesday/Thursday Mornings

Toddlers (18-24mos.) - Fours

Age as of Sept. 1, 2008

Registration Fee: \$30.00 Non-Refundable

<u>Camps Offered:</u>		
June 2,3,4 ___	July 7, 8, 9 ___	Aug. 4, 5, 6 ___
June 9, 10, 11 ___	July 14, 15, 16 ___	Aug. 11, 12, 13 ___
June 23, 24, 25 ___	July 21, 22, 23 ___	
June 30/July 1, 2 ___	July 28, 29, 30 ___	

Please check dates you would like to attend

Registration Fee and All Weekly Tuition must be paid at time of registration.

Child’s Last Name: _____ First Name: _____

Street: _____ Home Phone: _____

City: _____ Sex: M F

State: _____ Zip: _____

Birthday: _____ Age as of Sept. 1, 2008: _____
Month Day Year

Please check: Yes ___ or No ___ for permission to use photos of your child for advertisement purposes.

Class now attending: _____ (i.e. Babies, Toddlers, Two’s etc.)

Mother’s Name: _____ Occupation: _____

Cell #: _____ Wk #: _____

Father’s Name: _____ Occupation: _____

Cell #: _____ Wk #: _____

May both parents be contacted in an emergency? Yes ___ No ___.

May either parent pick up child? Yes ___ No ___

Are you a member of Norcross First Baptist Church? Yes ___ No ___

If no, do you have a church membership or affiliation? Yes ___ No ___ Where? _____

Number of children in your family: _____

Name: _____ Age _____ Sex _____ (M/F)

Name: _____ Age _____ Sex _____ (M/F)

Child's Physician: _____ Phone: _____

Please provide a health form #3231 with your child's immunization record from your child's doctor.
This is a state law and this form must be on file.

Please list any allergies or disabilities your child has:

Allergies: _____ Disabilities: _____

Developmental Delays: _____

Emergency Phone List: Please list persons to contact other than parents if child becomes ill or in case of an emergency. We will always try to contact parents first.

1. Name: _____ Relationship: _____
Home Phone: _____ Cell: _____

2. Name: _____ Relationship: _____
Home Phone: _____ Cell: _____

Name of person who will usually pick up your child? _____

AGREEMENT

It is understood that:

A registration fee of \$ 30.00 must accompany this application in order for my child to be placed in a class. No registration fees will be refunded.

Office Use Only:

Ck. #: _____

Date: _____

Amount: _____

Class: _____

For the summer school year, June, July, and August I agree to pay all weekly tuition fees I have signed up for at the time of registration. **No refunds will be made for absences.** The school accepts my child as being in normal good health and I will not send my child to school ill. My child will not be released to anyone other than me or those listed under emergency numbers unless I phone or send a note.

Parent/Legal Guardian's Signature _____ Date: _____

EMERGENCY TRANSPORTATION / TREATMENT APPROVAL

In the event I cannot be reached, I give permission for this student to be transported to a hospital and authorize the hospital to provide emergency medical or surgical treatment. I will assume full responsibility for all charges related to the above and release the hospital, the church, its agents, employees, administrators, and assigns from any and all liability claims and causes of action arising in connection with the transportation and/or treatment of the student named herein.

Parent/Legal Guardian's Signature _____ Date: _____