



2017 Summer Camp Registration

Please complete 1 form for each child

Cost: \$100 per week, or \$250 for all three weeks

Please attach a non-refundable deposit of \$20 for each week your child will attend

Camp tuition balance of \$80 or \$190 is due on the *first day of each week*
(tuition – deposit = remaining balance)

Child's Full Name _____ Name Called _____

Age _____ Birth Date _____ Gender M / F

Parent's /Guardian's Names _____

Address _____

City _____ Zip _____

Mother's Cell _____ Text Y / N

Father's Cell _____ Text Y / N

Mother's Work Phone _____

Father's Work Phone _____

Family email _____ Attends Christ Episcopal Preschool Y / N

Siblings attending Camp _____

Food/Insect/ Allergy Information _____

Additional Emergency Contact Name _____

Emergency Contact Numbers _____

Doctor's Name and Phone Number _____

Any Known Special Needs or Notes _____

My child will attend the following week(s) of camp:

_____ June 12-16

_____ June 19-23

_____ June 26-30

Office Use:

Check Number: _____

Check Amount: _____

Shared With: _____

Date Received: _____

If child is not currently a student of Christ Episcopal Preschool, please include a current immunization form