

COVENANT CHRISTIAN SCHOOL

Registration Card for Summer Camp 2018

Contact Paige Cantrell, Camp Director at pcantrell@ccseagles.com

Please include the \$85 registration fee per child with a completed card for each child.  
Registration fee covers the cost of the field trips, t-shirt, and supplies.

Parents should provide their child(ren) favorite snacks, drinks, and lunches each day.

\$20 referral bonus for every family who enrolls in our Summer Program on your recommendation.

Discounts: CCS families currently enrolled for the 2018 - 2019 School Year receive a \$10 discount per child.

All other families receive a \$5 discount per sibling.

**Payment is due in advance.** On the first day of the week or first of the month if that is how you choose to pay.

**ACTIVITIES**

Activities include devotion, food/cooking, arts & crafts, music, special in-house guests, and community field trips.  
Additional activities would include gardening, water games, and LOTS of FUN outdoor PLAY!

Student's Name LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

STREET \_\_\_\_\_ P.O. BOX \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ AGE \_\_\_\_\_

BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_ PARENT'S WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

Age group classes: (please circle) 3 & 4 yrs old 5 & 6 yrs old 7 & 8 yrs old 9 & 10 yrs old 11 & 12 yrs old

Please circle: Full Time: \$85 per week (5 days) Part Time: \$80 (4 days) \$60 (3 days)

If Part-Time: Please circle your set days. Monday Tuesday Wednesday Thursday Friday

Each family is allowed one week of vacation at no charge.

Vacation dates should be given to the director by Friday, May 25. Dates of vacation: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Registering your child and signing this form commits you to pay for the number of days for which have circled above,  
(allowances may be made for extenuating circumstances) unless CCS is closed for any reason.*

*Payment is due in advance, on the first day of the week or month.*

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**EMERGENCY INFORMATION**

Responsible adult to contact  
if parents can't be reached.

**AUTHORIZED PERSONS TO PICK UP MY CHILD**

Name and telephone numbers

Name \_\_\_\_\_ 1. \_\_\_\_\_ 3. \_\_\_\_\_

Phone \_\_\_\_\_ 2. \_\_\_\_\_ 4. \_\_\_\_\_

Physical Defects/Allergies: \_\_\_\_\_

Does your child(ren) take medication on a daily basis? YES NO If yes, what? \_\_\_\_\_

**NOTE: PLEASE COMPLETE INFORMATION ON REVERSE SIDE**

## Parents information:

Father's Name LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please print clearly: E-MAIL ADDRESS: dad - \_\_\_\_\_

mom - \_\_\_\_\_

Church Affiliation \_\_\_\_\_ School Child Attended Last Year \_\_\_\_\_

Please circle the size of t-shirt needed: 3T 4T YXS YS YM YL YXL AS AM AL AXL

## Grandparent's information:

Mother's Parents' Name \_\_\_\_\_

Father's Parents' Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**PERMISSION CONTRACT**

IN THE EVENT THAT DURING THE DAY AN ACCIDENT OR ILLNESS OCCURS WHICH, IN THE OPINION OF THE COVENANT CHRISTIAN AUTHORITIES, REQUIRES A PHYSICIANS' ATTENTION AND THE SCHOOL IS UNABLE TO FIND EITHER PARENT, OR SOMEONE LISTED AT THE EMERGENCY NUMBERS, THE PHYSICIANS NAMED BELOW, IN ORDER OF PREFERENCE AS LISTED, MAY BE CALLED TO ATTEND TO OUR CHILD NAMED IN THIS APPLICATION.

1. \_\_\_\_\_ phone \_\_\_\_\_

2. \_\_\_\_\_ phone \_\_\_\_\_

3. DENTIST: \_\_\_\_\_ phone \_\_\_\_\_

## PREFERRED HOSPITAL EMERGENCY ROOM (CHECK ONE)

\_\_\_\_ Shoals Hospital \_\_\_\_\_ Helen Keller Hospital \_\_\_\_\_ Other \_\_\_\_\_

We will go on field trips this summer. (possible trips are bowling alley, park, movie, etc.)

By signing below, I give permission for my child to attend field trips with CCS Summer Camp 2018.

SIGNATURE OF ONE PARENT OR GUARDIAN REQUIRED TO TAKE YOUR CHILD- BOTH PREFERRED.

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_