

COVENANT CHRISTIAN SCHOOL
Registration for Summer Camp 2019

Contact Paige Cantrell, Camp Director at pcantrell@ccseagles.com if you have any questions.

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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 off one week tuition for every family who enrolls in our Summer Camp on your recommendation. CCS families currently enrolled for the 2019 - 2020 School Year receive a \$10 discount per child on weekly tuition. Non-CCS families receive \$5 discount for each sibling, after the 1st child. 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 including gardening, water games, and LOTS of FUN outdoor PLAY!

Please PRINT information clearly. If information changes, (new email address, or phone #, etc) let us know immediately.

Student's Name LAST _____ FIRST _____ MIDDLE _____

STREET _____ P.O. BOX _____ CITY _____ ZIP _____ AGE _____

BIRTHDAY ____/____/____ PARENT'S WORK PHONE _____ CELL PHONE _____

Child's Birth Date _____

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. Any other days your child is out must be paid.

Vacation dates should be emailed to the director by Friday, May 31.

Days cannot be swapped without prior approval. Switching or adding days may not always be possible.

Parent/Guardian Signature _____ **Date** _____

Registering your child and signing this form commits you to pay for the number of days that you've marked above, for the duration of the summer. Exception will be made on a case by case basis. All payments are to be made in advance. Payment is due on the 1st day of the week that your child attends for that week. If payment is not made by Thursday of that week, a late charge of \$5.00 will be added to the amount due. NO PAYMENTS WILL BE ACCEPTED ON FRIDAYS.

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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

Please PRINT all information clearly. If information changes, (new email address, phone #, etc.) let us know immediately.

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 _____

Church Affiliation _____ School Child Attended Last Year _____

PLEASE CHECK YOUR EMAIL and Remind messages DAILY. This is the best way to communicate with our parents!

E-MAIL ADDRESS: dad - _____

mom - _____

other: _____

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 _____