

Senior Camp
Registration Contract for PART Summer
(9 Weeks or less)

Child's Name: _____ Birthdate: _____

Grade FINISHING in June 2008: _____

Parent(s) Name(s): _____ Home Phone: _____

Address: _____

Does your child have any allergies?: _____ If so, describe: _____

Does your child have any special needs? : _____ If so, describe: _____

Will your child need to take medication during the course of the day?: _____

If so, please describe: _____

These are the weeks that my child will be coming for Senior Camp:
(please use Monday dates as a reference)

According to the schedule listed above, my bus fee = \$ _____
(\$44.00 x number of contracted weeks)

Schedule for these weeks: Full time (5 days) _____ OR
Part Time (*circle scheduled days*) –M T W T H F

Are you eligible for the 10% church discount? Y or N

(parents must be faithfully attending and financially supporting Calvary Full Gospel Church)

For all signatures below, "I" is assumed to be the parent/guardian of the child attending summer camp.

PAYMENT OPTION - choose one

_____ I will pay WEEKLY – due on Mondays, beginning June 16th. I understand that there is a \$25.00 late payment fee if tuition is received after TUESDAY.

_____ I will pay MONTHLY – due on June 16th, July 1st, and August 1st. I understand that there is a \$50.00 late payment fee if tuition is received after June 18th, July 3rd or August 3rd.

Contract for PART Summer Enrollment:

I understand that my child is scheduled only for the weeks that I have indicated above and that I am contracted to pay for these weeks. I will pay for these weeks IN FULL, regardless of non-attendance due to vacation, illness, etc. I will additionally pay the bus fee of \$44.00 per week per child.

TRIP PARTICIPATION AGREEMENT

Calvary Child Care Center will be providing proper supervision and adequate personnel for the planned activities, and is covered by Brotherhood Mutual Insurance Company. However, in the event of bodily or personal injury, except for gross negligence, parents are expected to inform their own personal medical insurance provider. I give my permission for my child to attend the listed field trips and be transported by First Student Bus Company or the Calvary Child Care Center mini-van. I release Calvary Child Care Center of any and all liability that may arise from the trips (except as noted above – only due to gross negligence). I understand that trips may be changed due to inclement weather or other reasons. I further understand that field trip attendance is contingent upon my child's behavior. I agree to schedule myself or another family adult to chaperone two trips during the summer.

Parent Signature

Date