

# Senior Camp

**You are responsible to pay for ALL the amount of weeks contracted!**

## Registration Contract for PART Summer (8 Weeks or less)

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade FINISHING in 6/09: \_\_\_\_\_  
Parent(s) Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Parent Email: \_\_\_\_\_  
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?: \_\_\_\_\_

**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 transportation fee = \$ \_\_\_\_\_ (\$44.00 x # of contracted wks)

**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 22nd.** I understand that there is a \$25.00 late payment fee if tuition is received after TUESDAY.

\_\_\_\_\_ **I will pay MONTHLY – due on June 22nd, July 1<sup>st</sup>, and August 1<sup>st</sup>.** I understand that there is a \$50.00 late payment fee if tuition is received after June 24<sup>th</sup>, July 2<sup>nd</sup> or August 3<sup>rd</sup>.

### **Transportation Fee (choose one)**

\_\_\_\_\_ Paid in full with this form OR \_\_\_\_\_ Paid  $\frac{3}{4}$  with this form – other  $\frac{1}{4}$  due by July 1<sup>st</sup>

### **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, Calvary Child Care Center mini-van, or Calvary bus. 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

**Student Agreement:** I agree to respect and cooperate with the adults in charge. I acknowledge that I know that all electronics, including cell phones, need to be left at home. I additionally acknowledge that I have read that closed toe shoes must be worn, so I will not wear flip flops or open toe sandals to camp.

\_\_\_\_\_  
Student Signature