

Gospel of Grace Summer Camp Application

FORMS THAT ARE NOT FILLED OUT ENTIRELY WILL NOT BE PROCESSED!

Student Information

Date: _____ Grade in 2011-2012: _____ Date of Birth: ____/____/____

Full Name: _____
Last First M.I.

Address: _____
Street City State Zip

Home Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

Race _____ Sex: _____

Who does the student live with (ex: birth mother & father, step-mother or father, or legal guardian)?

Circle Shirt Size: Child: S M L
Adult: S M L XL

Parent Information

Please provide **all information** (such as address, phone numbers, and work information) for step-mother, step-father, legal guardian or fiances on back.

Mother's Full Name: _____
Last First M.I.

(If different from child)

Address: _____
Street City State Zip

Employer: _____ Position: _____ Work Phone: _____

Email Address: _____ Marital Status: _____ (Have you remarried? _____)

Cellular Phone: _____ Does mother have legal custody? _____

Father's Full Name: _____
Last First M.I.

(If different from child)

Address: _____
Street City State Zip

Employer: _____ Position: _____ Work Phone: _____

Email Address: _____ Marital Status: _____ (Have you remarried? _____)

Cellular Phone: _____ Does father have legal custody? _____

Parent Questions/Agreement

All questions below must be answered by parents or legal guardian

1. - Why do you want your child to attend Gospel of Grace Summer Camp?

2.- How did you hear about Gospel of Grace Summer Camp:

3.- Were you referred by someone? _____ If yes, who: _____

Statement of Cooperation

In making application for my child, it is my desire to have him/her attend Gospel of Grace Summer Camp for the summer of 2012. I understand that the policy of the camp is to make no refunds for registration fees. I absolve Gospel of Grace Summer Camp from liability to me or my child because of injury to my child at camp or during any camp activity. I agree to support the rules and staff of the camp. I understand that payments are due on Monday of each week for that week. If payments are not paid, my child will not be able to attend.

Parents'/Guardians' Signatures: _____

Parents/guardians are required to create a password for their child. This is to ensure the safety of your child. The password should be kept confidential between the teacher, office, and parent/guardian. Please fill out the list below of people who may pick up your children (include mother's & father's names). Children will not be permitted to leave with anyone who is not on this list unless you can give your password and authorize the pick-up. Please do not tell your child the password, for he might tell another adult who is not authorized to take him home.

Password: _____

List of people allowed to pick up:	Relation to student:	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

If child is not picked up and a parent cannot be reached, a staff member will contact one of the persons listed above to come pick up the child. I agree to create a password for the safety of my child. I also understand that if anyone not on the list of people given comes to pick up my child without the password I created, my child will not be allowed to leave the building.

Parent/Guardian Signature _____ **Print Name:** _____

Student Attendance

Please check the following weeks you think your child will most likely be attending. This does not obligate you to pay for those weeks, but assists us in planning.

- _____ **Week #1** June 4th – June 8th
- _____ **Week #2** June 11th – June 15th
- _____ **Week #3** June 18th – June 22nd
- _____ **Week #4** June 25th – June 29th
- _____ **Week #5** July 2nd – July 6th (**CLOSED July 4th**)
- _____ **Week #6** July 9th – July 13th
- _____ **Week #7** July 16th - July 20th
- _____ **Week #8** July 23rd – July 27th
- _____ **Week #9** July 30th - August 3rd
- _____ **Week #10** August 6th – August 10th

8:00 a.m.- 4:00 p.m. (Summer Camp Hours)

7:00 a.m. -8:00 a.m. (Before Care-\$12 a week/ additional children \$8 a week)

4:00 p.m.- 6:00 p.m. (After Care-\$25 a week/ additional children - \$15 a week)

Do you need your child to attend Before Care (7:00 - 8:00 a.m.) ? _____

Do you need your child to attend After Care (4:00 p.m.- 6:00 p.m.)? _____

If students are not enrolled in the Before & After Care program, students must be dropped off after 7:55 a.m. and picked up by 4:00 p.m. Students dropped off before 7:55 a.m. will be charged before care fees and students picked up after 4:05 p.m. will be charged \$1 per minute. Any student enrolled in the After Care program must be picked up by 6:00 p.m. Anyone picked up after 6:00 p.m. will be charged \$1 per minute.

I agree to abide by the above Before & After Care policies.

Parent Signature: _____

Print Name: _____