Camp fees are paid in advance to ensure ample staffing ratios & supplies. Fees are non-refundable after 5/27/16. (10% sibling discount also available).

Grandin Court Baptist Church Preschool
Summer Camp Enrollment

Please Check Camp Session your child will be attending:

June 13-17 _____ July 11-15th _____ Payment Received:_____

T-Shirt size: 2T_____3T _____4T _____ Youth XS _____Youth Small _____Youth Medium _____

Child's Name _____

Birthday ___/___/___ Age_____ Gender_____ Home Phone _____

Address _____ City_____ Zip_____

Mother's Name _____ Work Phone _____

Cell Phone _____ Email address _____

Father's Name _____ Work Phone _____

Cell Phone _____ Email address _____

<u>OTHER INFORMATION</u>

Previous classroom experiences (church, daycare, etc…) _____

Would you please indicate how you learned of our Camp Program: _____

HEALTH INFORMATION

Physician's Name _____ Phone No. _____

List any medical concerns/allergies: _____

EMERGENCY CONTACTS & PICK-UP AUTHORIZATION (Please notify with updates as necessary)

Please list the primary phone # to use when child needs to be picked up from camp: _____

List 2 persons to contact in case of an emergency (parents will be notified first):

_____ Phone No._____ Relation to Child _____

_____ Phone No. _____ Relation to Child _____

The following people are approved to pick up my child from Camp:

Name	Phone #	Relationship

PERMISSIONS

1. **Permission is granted to meet the needs of my child in case of emergency: yes____ no____**
2. **Teachers may help my child when he/she has bathroom accidents: yes____ no____**
3. **Photos of my child may appear on Preschool's Web, Facebook & Instagram Pages: yes____ no____**

Parent/Guardian Signature _____ Date_____