



**HEROES
OF THE BIBLE**

**REGISTRATION
PACKET**

SUMMER CAMP
2021



This camp will be taught by Compass Christian Preschool staff and is only open to currently enrolled students in our 2020-2021 classes who are fully potty trained.

AGE REQUIREMENT: Current 2s, 3s, 4s & TK students. TWOS students must receive the signature of their current teacher agreeing that he/she is fully potty-trained.

Registration is on a first-come, first-served basis as spots are limited to THREE classes each week.

We will spend the summer learning about Heroes of the Bible. The campers will participate in numerous hands on science, math and cooking activities, as well as fun games and art activities.

Registration Fee & Full payment for each camp session is due by **Thursday, April 29, 2021**

Camp days are Tuesday, Thursday and Friday from 9am-2pm.

SUMMER CAMP DATES 2021

- | | | | | | |
|---------------------------------|-------|-------------------|---------------------------------|-------|-------------------|
| <input type="checkbox"/> Week 1 | \$130 | May 25 - May 28 | <input type="checkbox"/> Week 5 | \$130 | July 13 - July 16 |
| <input type="checkbox"/> Week 2 | \$130 | June 1 - June 4 | <input type="checkbox"/> Week 6 | \$130 | July 20 - July 23 |
| <input type="checkbox"/> Week 3 | \$130 | June 15 - June 18 | <input type="checkbox"/> Week 7 | \$130 | July 27 - July 30 |
| <input type="checkbox"/> Week 4 | \$130 | June 29 - July 2 | | | |

SUMMER CAMP INFORMATION

PARENTS PLEASE KEEP THIS INFORMATION SHEET FOR YOUR RECORDS

- Application Fee: \$25 - this fee is non-refundable and is not discounted.
- Weekly Camp Tuition: \$130.00 per week. ALL Camp Tuition fees are due in full Thur. April 29, 2021. **NO refunds will be given for camp session fees after Thur. May 13, 2021.**
- Camp Tuition Discount: A \$25 per child tuition discount applies for families with two or more children enrolled in the program. The discount starts with the second.
- Camp Tuition Due Date: Thursday, April 29, 2021 - FULL payment for each camp session is due for each student. If your payment is not received by this date, your child's place in the camp will be released. **NO refunds will be given for camp session fees after Tues. May 13, 2021**
- Sick Child Policy: The same sick child policy applies for Summer Camp: ALL children must be fever-free for 24 hours without medication before returning to school. Make up days will not be offered.
- Camp Attendance Changes: Select your camp weeks carefully as it will not be possible to change weeks after the April 29, 2021 due date. If you desire to add a week and space is available you may do so with a one week notice, switching weeks will not be possible.
- Bug Spray & Sunscreen: Students will be going outside during Summer Camp, please apply bug spray and sunscreen before coming to Camp.

PRINT ALL INFORMATION CLEARLY :

**Please complete 1 form for each child.
Please select the Camp Week or Weeks Below:**

- Week 1 \$130 May 25 - May 28
- Week 2 \$130 June 1 - June 4
- Week 3 \$130 June 15 - June 18
- Week 4 \$130 June 29 - July 2
- Week 5 \$130 July 13 - July 16
- Week 6 \$130 July 20 - July 23
- Week 7 \$130 July 27 - July 30

Camper's Date of Birth: _____ Check: Male _____ Female _____

Current Teacher & Class: _____

Two's teacher signature agreeing student is fully potty-trained: _____

Camper First Name _____ Middle _____ Last Name _____ Preferred name for nametag _____

Address _____ City _____ Zip _____

Home Phone # _____

E-mail _____

Mother's Name _____

Father's Name _____

Mother's Daytime # _____

Father's Daytime # _____

Mother's Cell # _____

Father's Cell # _____

Emergency Contact (other than Parent)

Name: _____ Relationship: _____

Address: _____

Daytime phone #: _____ Cell phone #: _____

List other siblings enrolled in this program and their date of birth: _____

CAMPER SPIRIT SHIRTS

Campers who register prior to April 29th are guaranteed to receive a spirit shirt. Registration forms received after April 29th will receive camp spirit shirt based on availability. Please select the size t-shirt your child will wear at summer camp.
 _____ X-Small (2/4) _____ Small (6/8) _____ Medium (10/12)

PRINT ALL INFORMATION CLEARLY :

Child's full Name: _____

Parent or Guardian's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____

Business Phone: Mom: _____ Dad: _____

Cell Phone: Mom: _____ Dad: _____

Occupation: Mom: _____ Dad: _____

AUTHORIZED STUDENT PICK-UP RELEASE

I hereby authorize CCP to allow my child to leave the school with only the persons listed below. In the event that a person "not listed" has to pick up my child, I understand that CCP must receive a phone call from one of the approved parents stating who that person will be and send an email to preschool@compasspreschool.com.

Upon arriving at CCP the unauthorized person must present their drivers license at the door to the staff member releasing the students. This procedure must be done even if the person picking up is a CCP parent or church employee. Once this is complete this person may leave the school with that student.

**Don't
Forget** →

Parent Signature: _____

1 Name: _____ Address: _____

Relationship to Child: _____

Phone #: _____ Cell #: _____

2 Name: _____ Address: _____

Relationship to Child: _____

Phone #: _____ Cell #: _____

3 Name: _____ Address: _____

Relationship to Child: _____

Phone #: _____ Cell #: _____

4 Name: _____ Address: _____

Relationship to Child: _____

Phone #: _____ Cell #: _____

5 Name: _____ Address: _____

Relationship to Child: _____

Phone #: _____ Cell #: _____

6 Name: _____ Address: _____


Relationship to Child: _____

Phone #: _____ Cell #: _____

PRINT ALL INFORMATION CLEARLY :

Camper's Name _____ Date of Birth - Month/Day/Year _____

Physician's Address _____ Physician's Phone Number _____

In the event that I cannot be reached to make arrangements for medical treatment, I authorize any representative of Compass Christian Preschool to administer first aid to and/or call 911 to transport  _____ (my child) to the nearest hospital or emergency treatment clinic. I authorize and hereby give my consent for any necessary medical treatment, emergency or otherwise, furnished by an licensed physician, hospital, or emergency treatment clinic (health care provider), and I agree to pay all medical fees incurred in connection with the treatment of my child under the authority granted herein. I hereby release CCP and any health care provider, and any of their respective agents, employees, officers, or representatives, from any and all liability for any action taken on behalf of my child pursuant to the terms of this medical authorization.



Parent Signature _____ Date _____

MEDICAL INFORMATION

NA: _____ This does not apply to my child. He/She does not have any medical issues.
Please list any special problems, needs, allergies or disabilities your child has: _____

List medications your child takes for long-term, continuous use for allergies or special needs. :
ALL prescription medications require your doctor's signature.

MEDICAL/HOSPITALIZATION COVERAGE FOR THE ABOVE NAMED MINOR

Medical Insurance Provider: _____ Policy Number: _____
Group Number: _____ Member ID #: _____
Phone Number: _____

AUTHORIZATION TO PARTICIPATE IN CCP ACTIVITIES/PROGRAMS

Please select one option

I hereby give permission for my child to participate in activities which constitute a part of:
CCP's Program: _____ Yes _____ No Water Table Activities: _____ Yes _____ No

PARENTAL FINANCIAL COMMITMENT AGREEMENT

★ INITIAL ↓

_____ I understand the application fee is non-refundable.
_____ Summer Camp Tuition is due by Thursday, April 29, 2021 and is also non-refundable.
_____ **I have read, understand and signed the CCP Covid Financial statement.**