



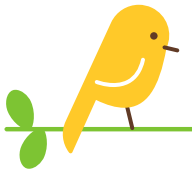
REGISTRATION PACKET

This camp will be taught by Compass Christian Preschool staff and is only open to currently enrolled students in our 2023 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.

We will spend the summer learning about the beautiful creation God made. The campers will participate in numerous hands on science, and math activities, as well as fun games and special events.



Registration Fee & Full payment for each camp session is due by **Thursday, April 20, 2023**

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

SUMMER CAMP DATES 2023

- | | |
|---|--|
| <input type="checkbox"/> Week 1 \$140 May 30 – June 1 | <input type="checkbox"/> Week 4 \$140 July 11 – July 13 |
| <input type="checkbox"/> Week 2 \$140 June 20 – June 22 | <input type="checkbox"/> Week 5 \$140 July 25 – July 27 |
| <input type="checkbox"/> Week 3 \$140 June 27 – June 29 | <input type="checkbox"/> Week 6 \$140 August 8 – August 10 |

SUMMER CAMP INFORMATION

PARENTS PLEASE KEEP THIS INFORMATION SHEET FOR YOUR RECORDS

- Registration Fee: \$30 - this fee is per child, non-refundable and is not discounted.
- Weekly Camp Tuition: \$140.00 per week. ALL Camp Tuition fees are due in full Thur. April 20, 2023.
NO refunds will be given for camp session fees after Thur. May 25, 2023.
- 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 child.
- Camp Tuition Due Date: Thursday, April 20, 2023 - 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 25, 2023
- 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 20, 2023 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:**

- | | |
|---|--|
| <input type="checkbox"/> Week 1 \$140 May 30 - June 1 | <input type="checkbox"/> Week 4 \$140 July 11 - July 13 |
| <input type="checkbox"/> Week 2 \$140 June 20 - June 22 | <input type="checkbox"/> Week 5 \$140 July 25 - July 27 |
| <input type="checkbox"/> Week 3 \$140 June 27 - June 29 | <input type="checkbox"/> Week 6 \$140 August 8 - August 10 |

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

Current Teacher & Class: _____

Two 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 20th are guaranteed to receive a spirit shirt. Registration forms received after April 20th 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

Use photos of my child from Summer Camp on social meida: ____ Yes ____ No

PARENTAL FINANCIAL COMMITMENT AGREEMENT

_____ I understand the application fee is non-refundable.

_____ Summer Camp Tuition is due by Thursday, April 20, 2023 and is also non-refundable.