



**COMPASS**  
CHRISTIAN PRESCHOOL

**COMPASS SUMMER SAFARI**  
*Animal Tales from the Bible*

**2024**

---

**REGISTRATION  
PACKET**

**This camp will be taught by Compass Christian Preschool staff and is only open to currently enrolled students in our 2024 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 Bible stories as told by the animals. The campers will participate in numerous hands on science, art, and play activities, as well as fun games and special events.

Registration Fee & Full payment for each camp session is due by **Thursday, April 18, 2024**

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

### SUMMER CAMP DATES 2024

- |   |  |
|---|--|
| <input type="checkbox"/> Week 1 \$140 June 11 - 13      | <input type="checkbox"/> Week 4 \$140 July 9 - July 11   |
| <input type="checkbox"/> Week 2 \$140 June 18 - June 20 | <input type="checkbox"/> Week 5 \$140 July 16 - July 18  |
| <input type="checkbox"/> Week 3 \$140 June 25 - June 27 | <input type="checkbox"/> Week 6 \$140 July 30 - August 1 |

### SUMMER CAMP INFORMATION

### PARENTS PLEASE KEEP THIS INFORMATION SHEET FOR YOUR RECORDS

- Registration Fee: \$30 - this fee is a non-refundable, one-time fee per child, and is not discounted.
- Weekly Camp Tuition: \$140.00 per week. ALL Camp Tuition fees are due in full Thur. April 18, 2024.  
**NO refunds will be given for camp session fees after Thur. May 23, 2024.**
- 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 18, 2024 - 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 23, 2024**
- 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 18, 2024 due date. If you desire to add a week and space is available you may do so with a **one week notice**. Please e-mail Taylor Helgason at Taylorhelgason@compasspreschool.com if you would like to add additional weeks.
- 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    June 11 - 13      | <input type="checkbox"/> Week 4    \$140    July 9 - July 11   |
| <input type="checkbox"/> Week 2    \$140    June 18 - June 20 | <input type="checkbox"/> Week 5    \$140    July 16 - July 18  |
| <input type="checkbox"/> Week 3    \$140    June 25 - June 27 | <input type="checkbox"/> Week 6    \$140    July 30 - August 1 |

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**

Camper's who register prior to April 18th are guaranteed to receive a spirit shirt. Registration forms received after April 18th 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 [taylorhelgason@compasspreschool.com](mailto:taylorhelgason@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 registration fee is non-refundable.\_\_\_\_\_  
Summer Camp Tuition is due by Thursday, April 18, 2024 and is also non-refundable, after May 23rd.