

TIMOTHY CHRISTIAN SCHOOL CHILD CARE Summer Camp Registration Form

1. CHILD INFORMATION:

Full Name _____ Home Phone _____ Today's Date _____

Address _____

Birthdate _____ Grade (going into) _____ Nickname _____

Child's interests _____

Allergies or medications _____

Please tell us anything about your child that you think would be helpful for us to know:

2. FAMILY INFORMATION: Parent(s) or Guardian(s) with whom child lives:

Name _____ Business / Company Name _____

Business Address _____

Work Phone _____ Pager _____ Cell Phone _____

Email address _____

Name _____ Business / Company Name _____

Business Address _____

Work Phone _____ Pager _____ Cell Phone _____

Email address _____

Sibling's names and ages _____

3. ATTENDANCE: Please mark all sessions that your child will attend.

Weeks: June 7-11 _____ June 14-18 _____ June 21-25 _____ June 28-July 2 _____

July 6-9 _____ July 12-16 _____ July 19-23 _____ July 26-30 _____

August 2-6 _____ August 9-13 _____ August 16-20 _____

Days: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Extended Care: 7:00-9:00 a.m. _____ 3:00-6:00 p.m. _____

Occasional Care: _____

4. PERSON(S) AUTHORIZED TO PICK UP MY CHILD (other than parent or guardian):

NAME	RELATION TO CHILD	PHONE #	PAGER/CELL #
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5. SIGNATURE: I have read and agree to follow the TCS handbooks and policies.

Parent Signature _____ Date _____

Please return completed registration form along with \$50.00 deposit to the Grade School Office