

# TCS CAMP Summer Registration Form

## 1. CHILD INFORMATION:

Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Nickname \_\_\_\_\_ Email address \_\_\_\_\_

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 \_\_\_\_\_

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

**Daily:** (9:00am-3:00) Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

**Occasional:** \_\_\_\_\_

**Before Care:** (7:00am-9:00am) \_\_\_\_\_ **After Care:** (3:00pm-6:00pm) \_\_\_\_\_

## 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 Timothy Christian After Care Program policies. (see next page)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please Return this form along w/ \$50 non-refundable registration fee (which will be applied to 1<sup>st</sup> payment) to the Elementary Office by **May 1** (Attn: Anna Jensen)*