

John Calvin Summer Camp Registration Form

Camp Hours are Monday – Friday, 9 a.m. – 12 p.m.

Extended Day will not be offered

- 4, 5 and 6 year old classes are 5-day **ONLY**.
- Our 2 and 3 year old classes have the option of Mondays, Wednesdays and Fridays **OR** Monday – Friday, but there are only a limited number of 3 day spots per class.
 - Our 1 year old class has the option of Mondays, Wednesdays and Fridays **OR** Tuesday / Thursday.
- All payments for Summer Camp are due before Tuesday, May 9th. *** Failure to pay by May 9th will result in the forfeiture of spot. Additional weeks may be added at a later date **ONLY** if there is available room in your child's age level.
- Cost for Summer Camp is as follows: (Cash, Check or Money Order)
- \$35 Registration Fee per child due in full at time of registration
- \$105 / week: 5-Day Program (available to 2's, 3's, 4's, 5's and 6's **ONLY**)
- \$75 / week: 3-Day Program (MWF – 1's, 2's and 3's option **ONLY**)
- \$50 / week: 2-Day Program (T/TH – 1's option **ONLY**)

Please fill out form completely and bring it to John Calvin Playschool to register your child in our summer camp program. NEW students must submit a copy of their birth certificate and current immunizations and the Master Card to the Playschool Office at the time of registration.

Child Name: _____ Age: _____ Birthday: _____

Class/Grade Entering Fall 2017: _____

Is your child enrolled at John Calvin for the 17-18 School Year?

Yes or No

If NOT enrolled at JCPS, what school will your child be attending in the Fall? _____

Parent(s) Name: _____ Email: _____

Primary Cell Phone: _____

*****THIS IS A TWO-SIDED FORM. PLEASE FILL OUT BOTH SIDES*****

Office Use Only: Reg. Amt: _____ Ck #: _____

Class enrolled: _____ Sessions: All 1 2 3 4 BC: _____ SR: _____ MC: _____

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Please indicate which week(s) you are choosing for your child:

Week 1: June 12th – 16th /Pymt: _____ Week 2: June 19th – 23rd /Pymt: _____

Week 3: July 10th – 14th /Pymt: _____ Week 4: July 17th – 21st /Pymt: _____

Choose the age group that your child will be entering into for the 17-18 school year:

Kinder/TK Pre-K 4 3 Year-old 2 Year-old 1 Year-old

Summer Camp Class Preference: 5 day ___ 3 day ___ 5 day ___ 3 day ___ MWF ___ TTH ___

***If 3 day program is full, would you like a 5 day spot? Yes _____ No _____

Emergency Contacts: (Will be called after parents)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Please read before signing: I authorize John Calvin Summer Camp to care for my child during the time he/she is in the facility and to administer and/or obtain emergency medical treatment for my child in the event that I cannot be reached. JCPS has permission to contact the person(s) listed above for emergency purposes and/or my child has permission to be picked up by the above listed person(s). I have reviewed a description of the summer camp program and completed the form accurately and to the best of my knowledge. I understand that **ALL** fees paid to John Calvin Summer Camp are **NON-REFUNDABLE AND NON-TRANSFERABLE**.

Sign

Date

Please use the space below to describe any special needs or allergies: