

John Calvin Summer Camp Registration Form

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

Extended Day will not be offered

- 4 year old and older, classes are 5-days 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 Monday, May 6th. *** Failure to pay by May 6th 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. ***We are unable to save weeks if you are unsure of dates**
- Cost for Summer Camp is as follows: (Cash, Check or Money Order)
- \$35 Registration Fee per child due in full at time of registration
- \$115 / week: 5-Day Program (available to 2's, 3's, 4's, 5's and 6's **ONLY**)
- \$90 / week: 3-Day Program (MWF – 1's, 2's and 3's option **ONLY**)
- \$65 / 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 (this does NOT include currently registered or current 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 2019: _____

Is your child enrolled at John Calvin for the 19-20 School Year?

Yes or No

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

Parent(s) Name: _____ Email: _____

*****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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Primary Cell Phone: _____

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

Week 1: June 3rd – 7th /Pymt: _____ Week 2: June 10th – 14th /Pymt: _____

Week 3: June 17th – 21st /Pymt: _____ Week 4: July 8th – 12th /Pymt: _____

Choose the age group that your child will be **entering into for the 19-20 school year:**

Kinder/TK or older 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:

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