

Corpus Christi Summer Camp Registration Form  
907 New Road, Elsmere, De 19805 - (302) 757-5323

Please fill out all forms completely and return to our offices along with your non-refundable deposit of \$25.00 for Space Reservation.

Family Name: \_\_\_\_\_

And address: \_\_\_\_\_ (e-mail) \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Home Phone #: \_\_\_\_\_ Emergency Phone# \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

1<sup>st</sup> Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

2<sup>nd</sup> Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

3<sup>rd</sup> Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

School Attending: \_\_\_\_\_

**Please register my child for the following weeks of Camp 2011:**

\_\_\_\_\_ Week 1 – June 20<sup>th</sup> to 24<sup>th</sup> \_\_\_\_\_ Week 2 – June 27<sup>th</sup> to July 1<sup>st</sup> \_\_\_\_\_ Week 3 – July 7<sup>th</sup> and 8<sup>th</sup>

\* \_\_\_\_\_ Week 4 – July 11<sup>th</sup> to 15<sup>th</sup> \_\_\_\_\_ Week 5 – July 18<sup>th</sup> to 22<sup>nd</sup> \_\_\_\_\_ Week 6 – July 25<sup>th</sup> to 29<sup>th</sup>

\_\_\_\_\_ Week 7 – Aug 1<sup>st</sup> to 5<sup>th</sup> \_\_\_\_\_ Week 8 – Aug 8<sup>th</sup> to 12<sup>th</sup> \_\_\_\_\_ Week 9 - Aug 15<sup>th</sup> to 19<sup>th</sup>

\*Denotes shortened week for 4<sup>th</sup> of July holiday

By registering my child/children for the following weeks of camp, and signing contract below, I agree to pay in full for all weeks requested, regardless of actual attendance.

**\*ALL APPLICATIONS/CONTRACTS SHOULD BE TURNED IN WITH \$25.00 NON REFUNDABLE DEPOSIT APRIL April 25<sup>th</sup> . ANY CHANGES TO WEEKS REQUESTED ABOVE, MUST BE SUBMITTED TO OUR OFFICES BEFORE May 31<sup>st</sup>. SEND IN REGISTRATIONS EARLY SPACE IS LIMITED.\* \$25.00 deposit is to reserve space for child and is non refundable.**

All payments are due the Friday before and NO LATER than the Monday of week services are rendered. All children should be picked up by 5:30p.m., late fees will be imposed and due at pickup! If any payments are not received when specified, a fee of \$15.00 should be added to payment, unless arrangements have been made with our offices. As well, any checks returned from the bank will be subject to a \$20.00 returned check fee.

**Summer Camp 2011 Weekly Contract**

\_\_\_\_\_ - By signing this contract and sending in my non-refundable deposit of \* \$25.00, I agree to pay for \_\_\_\_\_ weeks of Summer Camp, at the rate **(include before and/or After Care if applicable)** of \$\_\_\_\_\_ per week, for a total of \$\_\_\_\_\_ for the registered weeks. I will pay my contract rate of \$\_\_\_\_\_ weekly, due every Friday, for the **following** week of camp (Including before and/or aftercare fees if applicable). I understand my child/ children may not attend camp on Monday if full payment is not received on that day. By signing below, I am the person financially responsible for this service.

\* \$25.00 non-refundable deposit is to reserve space for child

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Representative Signature: \_\_\_\_\_

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**Summer Camp Pre-Pay Contact 2011**

\_\_\_\_\_ By signing of this contract, I agree to pay for \_\_\_\_\_ weeks of Summer Camp, at the rate of **(include before and/or After Care if applicable)** in full at a discounted rate, for a total of \$\_\_\_\_\_ for the registered weeks. (Discount does not apply to before and aftercare) In order to receive quoted discount, I will pay my contract rate of \$\_\_\_\_\_ for specified days/weeks, in full by May 1<sup>st</sup> 2011. \*This payment will also include \$25.00 non-refundable deposit and before and/or aftercare fees if applicable). I understand that I will not be reimbursed for days my child does not attend. By signing below, I am the person financially responsible for this service.

\* \$25.00 reserves space for your child

Before and after care fees, are not part of discounted camp rate and may be paid on an as needed basis weekly.

(If payment in full, is not received by May 1<sup>st</sup> 2011, discounted amount will differ from quoted amount.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Representative Signature: \_\_\_\_\_

To be filled out by Office: **DEPOSIT AMOUNT: \$ 25.00** \_\_\_\_\_ **DATE PAID:** \_\_\_\_\_

**RESPONSIBLE PARTY:** \_\_\_\_\_

**CASH:** \_\_\_\_\_ **CHECK #:** \_\_\_\_\_

Corpus Christi Summer Camp 2011

PERMISSION & MEDICAL INFORMATION FORM

My child/children, \_\_\_\_\_, have my permission to participate in all field trips, with Corpus Christi Summer Camp Program, during the summer months of 2011. These trips include: swimming, bowling, movies, parks, ice skating, amusement parks, and more planned activities and will be indicated on the Camp calendar. My child may participate in any trip that occurs on a day in which he/she attends Camp. If I do not want my child to attend a trip, I will keep him/her home, and make other arrangements for the day. I understand, that on occasion a last minute change may be made. (For example - it rains on a pool day and we go to the movies instead). I know that my child will be transported by school bus for all field trips. I grant permission for my child to receive emergency medical care if needed and I release Corpus Christi School from liability. My child also has permission to participate in walking trips within the neighborhood.

**Sunscreen Permission** Yes \_\_\_\_\_ I give permission  
No \_\_\_\_\_ I do not give permission

For my child/children to have sun screen applied before going outside for extended period of time on sunny days, during Summer Camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies:

\_\_\_\_\_

Medical Problems/Conditions:

\_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

Dentist : \_\_\_\_\_ Phone #: \_\_\_\_\_

Med. Insurance Co.: \_\_\_\_\_ Group #: \_\_\_\_\_ Cert #: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ (please include)