Gospel of Grace Summer Camp Application

FORMS THAT ARE NOT FILLED OUT ENTIRELY WILL NOT BE PROCESSED!

Student	Inforn	nation

Date:	Grade in 2021-2022:		
Students's Full Name:	Last	First	M.I.
Address:			
Home Phone: ()_		Alternate Phone: ()	
Are there any legal or cust	tody issues we should be awa	re of?	

Parent Information

Please provide <u>all information</u> (such as address, phone numbers, and work information) for step-mother, step-father, legal guardian or fiances on back.

Legal Guardian/Mother's Full Name:

8	Las		First	M
	Las	si.	I'IISt	IVI
(If different from child)				
Address:				
	Street	City	State	Zip
Work Phone:	Email	Address:		-
Cellular Phone:		Please list your ce	ll phone carrier so that	we can text yc
luring emergencies or to se	end important update	 2S.	1	•
Example: T-Mobile, Veriz	1 1			
Legal Guardian/ Father's	s Full Name:			
		Last	First	M.I.
(If different from child)				
Address:				
	Street	City	State	Zip
Work Phone:	Email	Address:		
Cellular Phone:		Diago list your on	11 phone corrier so that	
		Please list your ce	If phone carrier so that	we can text yo
luring emergencies or to se	end important update		II phone carrier so that	we can text ye

(Example: T-Mobile, Verizon, AT&T, Cricket, Metro PCS, etc.).

Parent Questions/Agreement All questions below must be answered by parents or legal guardian

Statement of Cooperation

In making application for my child, it is my desire to have him/her attend Gospel of Grace Summer Camp for the summer of 2022. I understand that the policy of the camp is to make NO refunds for registration fees. I must pay by the week - NO daily rates. NO refunds will be given if I pay for a week and decide to keep my child home one or more days. I absolve Gospel of Grace Summer Camp from liability to me or my child because of injury to my child at camp or during any camp activity. I agree to support the rules and staff of the camp.

I understand that my weekly tuition payment is due at the beginning of the week that my child is attending. (Payment MUST be made that Monday.)

Parent's/Guardian's Signature

ъ

1

Parents/guardians are required to create a password for their child. This is to ensure the safety of your child. The password should be kept confidential between the teacher, office, and parent/guardian. Please fill out the list below of people who may pick up your children (include mother's & father's names). Children will not be permitted to leave with anyone who is not on this list unless the person picking up can give your password and you authorized the pick-up. Please do not tell your child the password, for he might tell another adult who is not authorized to take him home.

List of people allowed to pick up:	Relation to student:	Phone Number

(If child is not picked up and a parent cannot be reached, a staff member will contact one of the people listed above to come pick up the child.) I agree to create a password for the safety of my child. I also understand that if anyone not on the pickup list comes to pick up my child without the password I created, my child will not be allowed to leave the building.

Parent/Guardian Signature _____ Print Name: _____

Please check the following weeks that you think your child will most likely be attending. This does not obligate you to pay for those weeks if we have advance notice of nonattendance, but once the week arrives and you pay, you must pay for the whole week because we schedule employees according to the number of campers. (Example: We bring in the proper number of employees for 30 campers, and only 20 campers attend. We now are paying too many employees for the number of campers.)

Week #1 June 20th - June 24th

 Week #2 June 27th - July 1st

 Week #3 July 5th - July 8th - Closed July 4th

 Week #4 July 11th - July 15th

 CLOSED Week of July 18th - July 22d - Teacher Exchange Conf.

 Week #5 July 25th - July 29th

 Week #6 August 1st - August 5th

7:00 a.m.- 5:00 p.m. (Summer Camp Hours)

Anyone picked up after 5:00 p.m. will be charged <u>\$1 per minute</u>.

Parent Signature:

Print Name: