## Covenant Developmental Preschool - Summer Camp <u>Registration Form 2018</u>

Week 1: June 18-21	Week 2: July 16-19
I hereby make application for ac School's "Camp Covenant" and submit th	lmission of my child to Covenant Developmental Nursery he following data for your information:
Child's full name	
	Child's Social Security Number
Present age Date of Birth	Boy Girl
Address:	
Has your child previously attended ano	ther program or playgroup? Yes No
Name of program	
Doctor	Phone Number
Emergency Contact/Parent Information:	
father:Em	ployer
Cell Number:	Work Number
	ployer
Cell Number:	Work Number
Are both parents legally able to pick up child? Yes No	
Other persons authorized to pick up child:	Other persons authorized to pick up child:
Name:	Name:
Relationship	Relationship
Phone:	Phone:
**A physical within the last 1	
A separate check for \$88 for each week checked above must accompany this application to be enrolled in the camp program. Checks should be payable to Covenant Preschool.	
**Checks will be deposited at the start of the camp wee	ek.**
I understand that a child who is enrolled in summer can the camp fees are nonrefundable. In the event of dismi	mp is to be enrolled for the entire week of any session. In the event of withdrawal issal from the camp program, there is no refund.
Signed:	Date:
. 30.00 (#4.1	LAIP

Parent or Guardian