## Covenant Developmental Preschool – Summer Camp

Registration Form 2020

Week 1: June 15-18	Week 2: July 13-16	
I hereby make application for admission of School's "Camp Covenant" and submit the f	, , ,	al Nursery
Child's full name		
Name to call child	_ Child's Social Security Number	
Present age Date of Birth	Воу	Girl
Address:		
Has your child previously attended another program or playgroup? Yes No		
Name of program		
Doctor	Phone Number	
Emergency Contact/Parent Information:		
Father: Emp	loyer	
Cell Number:	Work Number	
Mother: Em	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 12 months is required to attend Camp Covenant.\*\*

<u>A separate check for \$90 for each week checked above must accompany this application to be enrolled in the camp program.</u> Checks should be payable to Covenant Preschool.

\*\*Checks will be deposited at the start of the camp week.\*\*

I understand that a child who is enrolled in summer camp is to be enrolled for the entire week of any session. In the event of withdrawal the camp fees are nonrefundable. In the event of dismissal from the camp program, there is no refund.

Signed: \_\_\_\_\_