

Summer Camp Registration Form

Child's Name _____ Birthday ____ ____ ____ Sex ____

Address _____ Zip Code _____ Phone _____

Parent's Name _____ Phone _____

Child's Physician _____ Phone _____

Any Health Problems / Allergies (circle one) YES NO

IN CASE OF EMERGENCY please take my child to: __ Northside Hospital __ Scottish Rite Hospital ____ (Other) _____

CHECK SESSION(S) ____ June 15 – 19 ____ June 22-26 ____ June 29 – July 2 ____ July 6-10

Each Camper Receives a T-Shirt (One per Camper) Please circle child's size 2 - 4 6 - 8 10 – 12

Camp Options ('X' Choice) ____ T & Th ____ M,W,F ____ M thru F _____ **Indicate MMO Days**

I understand that The Day School of the Sandy Springs Christian Church is not responsible for any injuries received by my child while enroute to or from camp, while attending, or in any camp activity.

In case of emergency, the church / camp has my permission to call doctors, ambulance, or a hospital facility for the benefit of my child. **YES** ____ **If NOT**, please attach other procedures.

____ *I want my child to participate in pony rides.* ____ *I do not want my child to participate in pony rides.*

Parent Signature

Date

Camp Fees

Day School Students Registration Fee \$25 / Child or \$35 / Family Non Day School Students Registration Fee \$50 / day

2 Day Camps \$72.00 / Week
3 Day Camps \$108.00 / Week

5 Day Camps \$160.00 / Week
July 4th Week \$145.00 / Week

MMO \$35.00 / Day

FOR OFFICE USE ONLY: Money Received Deposit _____ Balance _____