

Summer Camp Registration Form

Child's Name _____ Birthday ____ ____ Sex ____

Address _____ 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 SESSIONS(S)

___ June 14 – 18 "Cruising Into Summer" ___ June 21 – 25 "Girly Girls" and "Manly Men"

___ June 28 – July 2 "Snack-O-Licious Kids Café" ___ July 6 – 9 "At The Farm"

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

2 Day Camps \$74.00 / Week

5 Day Camps \$160.00 / Week

MMO \$35.00 / Day

3 Day Camps \$110.00 / Week

July 4th Week \$145.00 / Week

FOR OFFICE USE ONLY: Money Received Deposit _____ Balance _____