

# Children's Education Center 2020 Summer Camp Registration Form

## COMPLETE ONE REGISTRATION PACKET PER CHILD

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Child's Nickname: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

### **CAMP SESSIONS:**

Please indicate which camp sessions you are registering for. Please note that there are no partial sessions. Check as many boxes as apply. **Camps are conducted weekly at a rate of \$220.00 per session.**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Session 1    June 1-5         | <input type="checkbox"/> Session 6    July 6-10   | <input type="checkbox"/> Session 11    August 10-14   |
| <input type="checkbox"/> Session 2    June 8-12        | <input type="checkbox"/> Session 7    July 12-17  | <b>(Session 11 only – if the entire week of care is not needed, drop-in days can be chosen for a daily fee of \$75)</b> |
| <input type="checkbox"/> Session 3    June 15-19       | <input type="checkbox"/> Session 8    July 20-24  |   |
| <input type="checkbox"/> Session 4    June 22-26       | <input type="checkbox"/> Session 9    July 27-31  |   |
| <input type="checkbox"/> Session 5    June 29 – July 2 | <input type="checkbox"/> Session 10    August 3-7 |   |
| *we are closed July 3 <sup>rd</sup>                    |   |   |

### **PAYMENT:**

#### **Camp Fees:**

- |   |  |
|---|--|
| <input type="checkbox"/> Camp Registration Fee                    | <b>Required Fee</b> <u>    \$100    </u> |
| <input type="checkbox"/> Tuition Fee (\$220 tuition per session)  | \$220 x ___ (# of sessions) = _____      |
| <input type="checkbox"/> Drop In Days – Session 11 (\$75 per day) | \$75 x ___ (#of drop-in days) = _____    |
|   | <b>Total =</b> _____                     |

**\*If camp tuition is paid in full by May 15th, 2020 a 10% discount will be given on session tuition fees.**

- A non-refundable fee of \$100 is due at registration.
- Summer Camps begin June 1st and end August 14th, 2020.
- All CEC camp fees are due on the 1<sup>st</sup> of each month and will be considered late after the 5<sup>th</sup>. Late payments will result in a \$50.00 late fee.
- Children must be a Kindergarten graduate – 6<sup>th</sup> grade graduate.
- Summer Camp hours of operation are 6:30 am to 6:15 pm Monday through Friday.
- Camp tuition does not qualify for refunds.
- Vacation Bible School fees are included in the tuition for children signed up for week 6.
- AM snack, PM snack and lunch will be served daily.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Children's Education Center 2020 Summer Camp Emergency Form**

Child's Full Name \_\_\_\_\_

Name child is called: \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

In the event I cannot be reached for a medical emergency, I hereby authorize Christ Church to transport and to obtain treatment from:

Doctor: \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

Memorial Hermann Hospital-The Woodlands (281-364-2300) unless medical personnel specify another hospital, or \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Insurance Phone: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

When arriving at school/camp, a child must be left in the care of a staff member. A child will be released only to parents or to an adult designated in writing by the parent. A staff member must be aware of a child's departure. Please list persons who have your permission to pick up your child, and who could be contacted in case of an emergency if parents cannot be reached.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Children's Education Center 2020 Summer Camp Permission and Release Form

**Please read and initial the following:**

\_\_\_\_\_ Our Parent Handbook may be accessed via website at [www.cc-christianeducation.org](http://www.cc-christianeducation.org). If you prefer a hard copy, you may request one from the administrative office. I acknowledge that I have read and understand the handbook.

\_\_\_\_\_ I acknowledge that I have read and understand The Climbing Tree Good Health Policy.

\_\_\_\_\_ I hereby release Christ Church United Methodist, all officers, directors, and staff from any liability in the event of an accident or injury occurring on the premises.

\_\_\_\_\_ Information Release: I hereby authorize The Christian Education Center to release our address and phone number for classroom purposes only.

\_\_\_\_\_ Photographic Permission: I authorize The Christian Education Center to photograph or videotape my child in school activities for classroom viewing, parent education events, local publicity or school websites.

\_\_\_\_\_ Water Activities: I authorize my child to participate in water activities such as sprinkler play and inflatable water slides.

\_\_\_\_\_ Special Events: I authorize my child to participate in special events at The Climbing Tree which include but not limited to petting zoo, Kona Ice, age appropriate movies, magic shows, and educational visits from approved age appropriate vendors.

\_\_\_\_\_ Food Items: I authorize The Climbing Tree to provide special food treats to my child throughout the school year. These items would be handed out in the classroom for birthdays, holiday parties and special events. Examples are: cupcakes, cookies, fruit, candies, cheese, crackers, juices, pretzels and chips.

\_\_\_\_\_ I will provide and authorize the application of sunscreen for my child.

\_\_\_\_\_ I will provide and authorize the application of bug repellent for my child.

\_\_\_\_\_ I will provide and authorize the application of topical ointment/lotion if needed.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date