

**FOR OFFICE USE ONLY**

Registration Amount Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Total Tuition Due \_\_\_\_\_ Due by May 27 \_\_\_\_\_ Due by June 25 \_\_\_\_\_

# Fellowship Day School



*Fun Camps!*

## 2010 Registration Form

**Please indicate camp choice:**

\_\_\_\_\_ **3 day camp (rising 2s and 3s) without lunch bunch - \$50 weekly**

\_\_\_\_\_ **3 day camp (rising 2s and 3s) with lunch bunch - \$60 weekly**

\_\_\_\_\_ **5 day camp (rising Pre-K, Kindergarteners & 1<sup>st</sup> graders) - \$90 weekly**

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

(Please list first name to be called, and last name)

Child's Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Mother's Phone Numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Father's Phone Numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency Contacts \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Food Allergies or other pertinent health concerns \_\_\_\_\_

\_\_\_\_\_

List all current medications \_\_\_\_\_

**\*\*OVER\*\***



**Fellowship Day School**  
*Summer Fun Camps*

**2009 LIABILITY AND MEDICAL RELEASE FORM**

This is a signed agreement stating that I, the parent or guardian, of \_\_\_\_\_, will not hold any of the Fellowship Staff responsible financially or otherwise for any accidents or mishaps that may occur while my child is attending the Fellowship Day School Summer Fun Camps Program.

If emergency medical treatment is required for my child, and I cannot be reached before treatment is considered necessary, I grant permission for medical treatment to be obtained by the Fellowship Staff. The decision that treatment is necessary will be based on the opinion of a licensed physician.

I agree to notify the Fellowship Staff if there are any changes in my child's medical condition or medication list.

I also confirm that my child is up to date on all immunizations.

Signed \_\_\_\_\_

Date \_\_\_\_\_