

Nazarene Christian School
SUMMER CAMP 2010
Registration Form

Child's Name _____ Grade ('10-'11) _____

Date of Birth _____ S. S.# _____ Phone: _____

Address _____

School Attended Last Year _____

Church _____ Do You Attend Regularly? _____

Mother _____ Home Phone _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Father _____ Home Phone _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Parent's e-mail address _____

Emergency Contacts (in order) / Others Authorized to Pick Up Child:

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

Doctor _____ Phone _____ Dentist _____ Phone _____

Hospital _____ Insurance Carrier _____ Pol./Patient # _____

Allergies and other Special Medical Information: _____

I have read the After Care/Summer Camp Handbook. I understand that in the event a child becomes an extreme discipline problem a parent will be contacted and required to come and take the child home.

I agree that authorized staff of Nazarene Christian School may authorize the physician(s) of their choice to provide emergency care in the event that neither I nor the child's physician may be reached.

Parent/Guardian Signature _____ Date _____

Registration Fee:	\$ 30.00 by May 15 th	\$35.00 after May 15 th
Weekly Tuition:	\$125.00 (Inclusive)	Daily Tuition: \$32.00 per day plus cost of field trips

Please check planned attendance schedule for student:

_____ Weekly / Full Time
 _____ Part-Time (check each day attending) _____ M _____ Tue _____ W _____ Thu _____ F

List any weeks (dates) not in attendance _____