

**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 <sup>th</sup>	\$35.00 after May 15 <sup>th</sup>
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 \_\_\_\_\_