

Elementary Registration

Grade Going Into _____

Circle One: Car Rider / Walker

Assigned # _____

New Heights Summer Camp Registration Form (One form per child)

Children must be 5 years of age by Sept. 1, 2011. Please indicate above the grade your child will be going into in August. Indicate if your child will be a car rider or a walker. A registration number will be assigned after a \$10.00 registration fee is received.

Child's Name: _____ **Birth Date:** _____ **Sex:** M/F
Last First

Address: _____
Street City Zip Emergency Phone Number

To accommodate as many families as possible, please indicate when your child will be attending New Heights Summer Camp. Scheduling absences will allow others to attend in your child's absence & ensure the operating expenses needed to provide a quality program with full-time, trained staff. Circle all the times your child will be in attendance.

| | | | |
|-------------|----------------|------------|------------|
| All of June | All of July | | |
| June 6-10 | June 20-24 | July 4-8 | July 18-22 |
| June 13-17 | June 27-July 1 | July 11-15 | July 25-29 |

Tuition Payment Options: Circle one option

Option 1 - \$80.00 entire summer Option 2 - \$40.00 monthly Option 3 - \$10.00 weekly

Parent/Guardian (First Contact) _____ **Relationship** _____

Phones: (H) _____ (W) _____ (C) _____

Parent/Guardian (Second Contact) _____ **Relationship** _____

Phones: (H) _____ (W) _____ (C) _____

Please list anyone authorized to pick up your child. Only those listed will be allowed to pick up your child without additional approval from you.

Name _____ Relationship _____

Phones: (H) _____ (W) _____ (C) _____

Name _____ Relationship _____

Phones: (H) _____ (W) _____ (C) _____

Please list any person who is **NOT** allowed to pick up your child.

Name _____ Relationship _____

Please note below any person against whom there is a current restraining order. (Legal Documentation Required)

Name _____ Relationship _____

Office use only: Registration rec'vd _____

Tuition: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____

Health Information

Does your child have any potentially life threatening allergies? Food allergies must be documented.

Does your child have any significant health problems or physical limitations? Please list.

No medication will be administered to any child in attendance at New Heights Summer Camp. A parent or guardian is welcome to come to the site and administer their child's medication if they so chose.

Authorization for Treatment

I (we) the undersigned parent(s) of _____, do hereby authorize and empower personnel of the Broken Arrow Church of Christ to consent to any medical treatment and/or hospital care which is deemed necessary to protect the life and health of said child. Any care rendered will be under supervision of a licensed physician, surgeon, or dentist on the medical staff of the nearest medical facility. I also authorize the use of an ambulance, if necessary, to transport my child. I agree to release the Broken Arrow Church of Christ from any liability in so doing and to bear the cost of all medical expenses incurred. **If this is not satisfactory, please list specific emergency instructions in the event that you cannot be reached.**

Signature of parent/guardian: _____ Date: _____

We are not equipped to handle extreme special needs.

Notes:

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