

Summer Camp

TRINITY CHRISTIAN SCHOOL

2017 Registration Form

First Child:

Name: _____ Date of Birth: _____

School: _____ Fall 2017 Grade: _____

Second Child:

Name: _____ Date of Birth: _____

School: _____ Fall 2017 Grade: _____

Third Child:

Name: _____ Date of Birth: _____

School: _____ Fall 2017 Grade: _____

Registration: _____ 5 day program OR _____ 3 day (select days): M T W R F
_____ Number of Weeks (4 wk. minimum; consecutive wks. not required)
_____ Early Care (7:30 to 8:00, additional 10.00/wk.)

Parent/Guardian: _____ Cell: _____

Address: _____

Email: _____ Wk/Home Phone: _____

Parent/Guardian: _____ Cell: _____

Address: _____

Email: _____ Wk/Home Phone: _____



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Important Details:

- I understand that submission of this form places my child on the registration/waiting list for TCS Summer Camp and does not guarantee placement in the camp. I understand that enrollment will be offered by the Director of Summer Camp and is dependent upon space availability and registration number.
- TCS Summer Camp is a 9 week, full day program. I understand I am required to register for a minimum of 4 weeks of camp, and may choose up to 9 weeks. I understand I may not decrease the number of weeks once my child is enrolled, however, weeks may be added if space permits. Families who register for all 9 weeks will receive 1 week free.
- A \$25.00 registration fee per child is due with this application. Applications submitted without payment will not be processed. Registration/application fees are non-refundable.
- If my child is offered enrollment in Summer Camp, the activity fee (\$150.00/child) is due to TCS with the enrollment agreement within 7 days of acceptance.
- I understand I am required to attend the May parent meeting, complete all required enrollment paperwork, and submit the first and last weeks' tuition payment prior to or during the parent meeting. Failure to attend will result in forfeiture of my child's placement in Summer Camp and paid fees will not be refunded.

Signature: _____ Date: _____

Office Use:

Date Received: _____ Registration Number: _____

Payment Amount: _____ Payment Method: _____ Enrollment Date: _____

