

Total # of weeks: ___ Total tuition amt: _____
 10% discount (6weeks+ only) y n
 10% sibling discount y n
 10% off onetime payment y n

1. CHOOSE YOUR SESSIONS

• Check all weeks you wish your child to attend.

<input type="checkbox"/> Week 1 (June 29-July 3)	<input type="checkbox"/> Week 4 (July 20-24)	<input type="checkbox"/> Week 7 (August 10-14)
<input type="checkbox"/> Week 2 (July 6-10)	<input type="checkbox"/> Week 5 (July 27- July 31)	<input type="checkbox"/> Week 8 (August 17-21)
<input type="checkbox"/> Week 3 (July 13-17)	<input type="checkbox"/> Week 6 (August 3-7)	<input type="checkbox"/> Week 9 (August 24-28)

**Three savings options available. Only two per camper can be applied.*

10% off sibling **10% off 6+ weeks** **10% off onetime payment**

2. CAMPER INFORMATION

Name of Student: _____ Date of Birth: _____ Age: _____
 Name you prefer to be called (if different): _____
 Grade (September 2015): _____
 T-Shirt Size (circle one): **Youth:** XS SM MED LG or **Adult:** SM MED LG XL XXL XXXL
 Name of Parent/Guardian/Primary Contact:

***All Campers are required to wear a photo identification tag on trips. Camp counselors will ensure that each child is wearing their student ID before leaving the campsite. Photos will be taken by the camp photographer. The cost is \$5.00 per child.*

3. EMERGENCY CONTACTS

(Please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

Second Contact's Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

4. SAFETY INFORMATION

(please list all known conditions so we can accommodate your camper's needs)

Does your camper have any medical conditions, allergies, or special needs the staff should know about?

Does your camper need any behavioral or emotional support the staff should know about?

5. LUNCH

Daily lunches will be provided by the Academy Charter School (117 N Franklin St, Hempstead, NY 11550). A menu will be provided for the month. Refrigeration will be available for your child to store his/her lunch. If you will be sending your child's lunch, *please be sure that your child's lunch is clearly marked with their first and last name.* **Glass bottles/containers are not allowed.**

6. DROP OFF AND PICK UP TIMES

Drop off time: (check one)

- 7:15AM for extended morning campers (additional \$15 per week per child)
- 8AM for all other campers

Pick up time: (check one)

- 6:00PM
- 6:45PM for extended evening campers (additional \$15 per week per child)

***A \$1 fee will be charged for every minute late.**

7. PAYMENTS

Tuition may be paid by cash, check or credit card.

Make the check payable to: **Calvary Tabernacle**

Registration fee: \$50 after May 15, 2015. *Early registration fee is \$35*

** Registration Fee is non-refundable**

Payment Options (check one)

- Onetime payment
- Payment plan (6 weeks⁺)
- Weekly (\$150) payments due each Monday morning

Payment Plan

5 equal payments (20% of total bill)

Due dates:

- 1st payment- day of registration
- 2nd payment- June 16th
- 3rd payment- July 1st
- 4th payment- July 15th
- 5th payment- August 3rd **or one week prior to camper's last week of camp; if not attending during the month of August.**

Late Fees

A 1 day grace period will be given for payments. **A late fee of \$15** will be charged for payments received after grace period.

Sibling Discount

There is a 10% sibling discount.

- 1st child: Regular cost
- 10% off all other sibling(s)

Other Fees

\$20 Summer Grade Level Book

\$10 Camp T-shirt

\$5 Student Identification

I _____ understand and agree to the payment policy stated above.

Signature

Date

PHOTOGRAPHY

Staff will take pictures of campers in various summer activities. Initial below for parental consent. I hereby give permission to **Calvary Tabernacle Summer Recreation Program** to photograph and/or videotape my child for safety, educational and/or promotional purposes.

_____ (Initial)

PARENT STATEMENT

I hereby state that (camper’s name)_____ is in good mental and physical health condition to participate in the activities provided by **Calvary Tabernacle Summer Recreation Program**, including but not limited to all aspects of dance training, tumbling, baseball, basketball and or competition. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of injury. I hereby release **Calvary Tabernacle Summer Recreation Program, its employee and its staff** from liability to the above named camper, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of **Calvary Tabernacle, including any event sponsored or sanctioned by Calvary Tabernacle Summer Recreation Program**, and or travel to and from such activities. I also understand that **Calvary Tabernacle Summer Recreation Program** is a Christian camp and my child will participate in daily devotions including songs, prayers and bible stories.

I understand that I (parent’s name)_____ am responsible to issue **Calvary Tabernacle Summer Recreation Program** a written statement if I wish for my child not to participate in a physical activity. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I understand that payments are non-refundable. I have agreed to the policy and fees and agree to comply.

Parent/Legal guardian

Signature_____ Date_____

REQUIRES PARENT’S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian

name_____ Date_____

Parent/Legal guardian

Signature_____ Date_____