

Highlands Christian Academy Summer Day Camp Registration Form

Registration Fee is Per Child

Registration Fees and the First Week's Fees are due with registration form

Child(ren) Information

Name: _____ Birthday ___/___/___ Grade (Next August) _____

My Child Lives with: Mom & Dad _____ Only Mom _____ Only Dad _____ Other _____

Name: _____ Birthday ___/___/___ Grade (Next August) _____

My Child Lives with: Mom & Dad _____ Only Mom _____ Only Dad _____ Other _____

Name: _____ Birthday ___/___/___ Grade (Next August) _____

My Child Lives with: Mom & Dad _____ Only Mom _____ Only Dad _____ Other _____

The Registration Fee Includes **ONE** T-Shirt (per child). If you desire to purchase additional shirts, please add **\$10.00 per shirt** to your registration fee **and** indicate below.

Youth X Small _____ Youth Small _____ Youth Medium _____

Youth Large _____

Adult Medium _____ Adult Large _____ Adult XL _____ Adult XXL _____

Free Shirts _____ Extra Shirts _____ Total Number of Shirts: _____

Check All Weeks Desired

____ June 1-4 ____ June 7-11 ____ June 14-18 ____ June 21-25

____ June 28-July 2 ____ July 5-9 ____ July 12-16 ____ July 19-23

____ July 26-30 ____ Aug 2-6

Please list any factors in you child's / children's life(s) such as health problems, allergies, emotional or physical needs of which the Summer Camp staff should be aware of.

Highlands Christian Academy Summer Day Camp 2010

Family Information

Mother's/Guardian Name _____ Husband's Name _____
Address _____
City _____ Zip Code _____
Home Phone # _____ Cell # _____
Work Phone# _____ Email _____

Father's/Guardian Name _____ Wife's Name _____
Address _____
City _____ Zip Code _____
Home Phone # _____ Cell # _____
Work Phone # _____ Email _____

Emergency Contact (other than Parents):

Name _____ Relation to Child _____
Home # _____ Cell # _____
Work # _____

Emergency Contact (other than Parents):

Name _____ Relation to Child _____
Home # _____ Cell # _____
Work # _____

Other Persons Authorized to pick up my child: _____

Insurance _____ Policy _____
Company _____ Number _____

I am aware that weekly fees are to be paid on Friday morning for the following week. Fees are \$150 for the first child and \$120 for each child after that. There is a \$100 non-refundable registration fee (*per child*) if paid before March 26th. After March 26th the non-refundable registration fee will be \$125 (*per child*).

Parent / Guardian Signature _____ Date _____