

# Spring Hill Christian Academy

## 2010 Summer Day Camp

### Final Registration Commitment Form

Hours of Operation: 6:30 a.m. until 6:00 p.m.

Free Cold Breakfast Daily and Free Hot Lunch Daily

Weekly Field Trips (With the exception of K4 and K5) – Group rates for Field Trips

All Fees Must Be Pre-Paid On Monday Of Each Week

Prices:

Fulltime \$85.00 week

3 Full Days \$55.00 week

2 Full Days \$40.00 week

A 10% discount will apply for each additional child in the family

A 3% discount will apply for any account paid in full on or before June 14<sup>th</sup>, 2010.

**Check the dates your child will be attending:**

*(For two or three day enrollment, please circle the choices of days.)*

<u>Week:</u>	<u>Fulltime</u>	<u>Three Days</u>	<u>Two Days</u>
June 14 – 18	_____	M T W Th F	M T W Th F
June 21 – 25	_____	M T W Th F	M T W Th F
June 28 – July 2	_____	M T W Th F	M T W Th F
July 5 – 9	_____	M T W Th F	M T W Th F
July 12 – 16	_____	M T W Th F	M T W Th F
July 19 – 23	_____	M T W Th F	M T W Th F
July 26 – 30	_____	M T W Th F	M T W Th F
August 2 – 6	_____	M T W Th F	M T W Th F
August 9 – 13	_____	M T W Th F	M T W Th F

My signature below confirms that I signed my child up for the indicated days of the weeks. I understand that once I submit this form, I am responsible for payment for each of the indicated times, regardless of whether or not my child(ren) attend(s). I also understand that I will pay a one-time non-refundable fee of \$50.00 to enroll my child in this Summer Program and that this fee will be applied to the first week that my child(ren) attend.

This fee is meant to secure my child's position in the program.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

PLEASE RETURN THIS FORM, COMPLETED ON BOTH SIDES TO THE SPRING HILL CHRISTIAN ACADEMY SCHOOL OFFICE BY MAY 12, 2010.

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## 2010 Summer Day Camp

Camper Information *Please print clearly*

Date of Application \_\_\_\_\_

Camper's Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age at Camp \_\_\_\_\_

School \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Mailing Address : \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_

Both \_\_\_\_\_

Mother's Name \_\_\_\_\_

Business \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_

Business \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

Parents' Email \_\_\_\_\_

How did you hear about the SHCA summer day camp program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names and ages of brothers and sisters

\_\_\_\_\_

If your child is presently enrolled at SHCA, please check with the office to update your emergency contact card including allergies noted as well as current phone numbers.

If your child does not have an emergency contact card on file with the school you will need to obtain one from the school office, fill it out and present it with your registration paperwork.