



Registration Form

Check # _____ Rate _____/hr

Child's Name _____

Registering for grade _____

Teacher _____

Registering For:

(This is to help with our planning for numbers each day, please email with the actual days and times)

Mondays AM 3-4 PM 3-5 PM 3-6 PM

Tuesdays AM 3-4 PM 3-5 PM 3-6 PM

Wednesdays AM 3-4 PM 3-5 PM 3-6 PM

Thursdays AM 3-4 PM 3-5 PM 3-6 PM

Fridays AM 3-4 PM 3-5 PM 3-6 PM

Emergencies Only Not Sure? (email jessica_bell@hotmail.com when needed)

Parent/Guardian Work Information:

Father: _____ Cell Phone _____

Mother: _____ Cell Phone _____

Email (Billing/Info) _____ Home Phone _____

Emergency Contact _____ Phone _____

Health History (please give whatever information you feel we should know)

Allergies: _____

Medicines Taken: _____

Other Health Information: _____

I am registering my child for Crown Point Christian's CAMP Program, and my registration fee (\$15, \$20, \$25) submitted with this form is NON-REFUNDABLE.

Signature

Date

Please use the back of this form to list the people that have permission to pick up your child.

Name _____ Relationship to Child _____

Phone Number During CAMP Hours _____

Name _____ Relationship to Child _____

Phone Number During CAMP Hours _____

Name _____ Relationship to Child _____

Phone Number During CAMP Hours _____

Name _____ Relationship to Child _____

Phone Number During CAMP Hours _____

Name _____ Relationship to Child _____

Phone Number During CAMP Hours _____

Name _____ Relationship to Child _____

Phone Number During CAMP Hours _____



CREATE ACHIEVE MOTIVATE PLAY