

Child's/Children's Name(s): _____

Registering for grade(s): _____ Teacher _____

Registering For:

(This helps with in our initial planning. Please circle when children will be dropped off and/or picked-up.)

	Drop Off Time	Pick-up Time		
Mondays	6:30 – 7:30 AM	3:00-4 PM	3:00-5 PM	3:00-6 PM
Tuesdays	6:30 – 7:30 AM	3:00-4 PM	3:00-5 PM	3:00-6 PM
Wednesdays	6:30 – 7:30 AM	3:00-4 PM	3:00-5 PM	3:00-6 PM
Thursdays	6:30 – 7:30 AM	3:00-4 PM	3:00-5 PM	3:00-6 PM
Fridays	6:30 – 7:30 AM	3:00-4 PM	3:00-5 PM	3:00-6 PM

Emergencies Only Not Sure? (please email camp@crownpoinchristian.org when needed)

Parent/Guardian Work Information: (Please print)

Father: _____ Cell Phone: _____

Mother: _____ Cell Phone: _____

Email (Billing/Info): _____ Home Phone: _____

Emergency Contact: _____ Phone: _____

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

Allergies: _____

Medicines Taken: _____

Other Health Information: _____

Registration Fee

Non-Refundable \$15 per family (will be credited on your first CAMP invoice)

I have read the CAMP handbook for the 2017-2018 school year and I am registering my child/children for Crown Point Christian School's CAMP Program. I understand my registration fee of \$15 submitted with this form is NON-REFUNDABLE.

Signature

Date

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