

Hope Community Center
Summer Camp Registration Form

General Information

Child's Name: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Choose from the following weeks: (circle all that apply)

June 2-6

June 9-13

June 16-20

June 23-27

July 7-11

July 14-18

July 21-25

July 28 - Aug 1

***5 Days (M-F) 9:00 a.m. - 12:00 p.m. \$145.00 per week

Email Address: _____

Father's Cell: _____

Mother's Cell: _____

Home Phone: _____

Work Phone: _____

Parent/Guardian Names: _____

Parent/Guardian Places of Work: _____

Authorization for Medical Information I hereby grant permission for any staff person from the preschool of Hope Community Center (HCC) to take whatever steps may be necessary to obtain emergency medical treatment for my child. I also understand that I am responsible for any resultant medical treatment expenses.

Emergency Contact Information When Parents Cannot Be Reached

1. Full Name: _____ Relationship: _____ Primary
Number: _____ Alternate Number: _____

Parent/Guardian Signature & Date: _____

Photo & Video Release I hereby give permission for any photo/video to be used for marketing to include, but not limited to, bulletin boards, advertisements, social media platforms, and websites.

Parent/Guardian Signature & Date: _____

*** \$100.00 non-refundable deposit is due upon submitting form to hold the chosen weeks. ***

*** \$40.00 registration fee per child***