

*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\*\*\*