

**Hope Community Center**  
**Summer Camp Registration Form**

General Information

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

June 3-7

June 10-14

June 17-21

June 24-28

July 1-5

July 8-12

July 15-19

July 22-26

\*\*\*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: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Primary  
Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Parent/Guardian Signature & Date: \_\_\_\_\_

Authorization for Release I understand that anyone listed below may pick up my child provided the school has been notified ahead of time.

1. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Primary  
Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

2. 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: \_\_\_\_\_