

SUMMER CAMP 2020 REGISTRATION FORM

Camp runs from June 8 through August 27, 2020*

Please complete one form per child. **A minimum of 6 weeks required for enrollment.**

REGISTRATION ENDS MAY 4 or WHEN ALL 48 SPACES ARE FILLED.

Child's Full Name			
Child's Date of Birth (MM/DD/YYYY)		Grade Completed as of 6.2020 <input type="checkbox"/> (Must have completed Kindergarten)	T-Shirt Size Youth XS S M L XL Adult S M L XL (Circle one)
Parent/Guardian Name/s	Mother	Father	
Street Address		City, State Zip	
Mother Phone		Father Phone	
Mother Email		Father Email	
Emergency Contact Name		Phone	
Emergency Contact Name		Phone	
<input type="checkbox"/> I am currently receiving a subsidy. (Contact Office for Registration Details)		Co-Pay Amount: \$ _____	
Approximate Arrival and Departure Schedule	_____ AM to _____ PM		
I give my permission for RCELC to transport my child to all Summer Camp field trips	Sign Here		
I give my permission for my child to go swimming during RCELC Summer Camp	Sign Here		
Swimming Ability of your child (Check One)	<input type="checkbox"/> Non-swimmer	<input type="checkbox"/> Beginner	<input type="checkbox"/> Advanced
Authorization for RCELC to provide Emergency Medical Attention for your child if necessary	Sign Here		
Permission for RCELC to use photographs of your child in current/future advertising and promotion (No names of children will ever be used)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sign Here	
Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No • Epi-Pen <input type="checkbox"/> Yes <input type="checkbox"/> No • Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No • Inhaler <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list: _____			

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Fill out the table below. **A minimum of 6 weeks is required for enrollment.**

Select the week, additional care (if needed), write in total for each week and then subtotal.

Week	Dates	Full Time 9:00 a.m.- 4:00 p.m. \$120/week	Before & After Care 6:30 – 9:00 a.m. 4:00 – 6:00 p.m. \$30/week extra	Deposit \$25/week (non- refundable)	Write in total amount for each week
Week 1	June 8 - 12	<input type="radio"/>	<input type="radio"/>	\$25.00	
Week 2	June 15 - 19	<input type="radio"/>	<input type="radio"/>	\$25.00	
Week 3	June 22 - 26	<input type="radio"/>	<input type="radio"/>	\$25.00	
Week 4	June 29 – July 2	<input type="radio"/>	<input type="radio"/>	\$25.00	
Week 5	July 6 - 10	<input type="radio"/>	<input type="radio"/>	\$25.00	
Week 6	July 13 - 17	<input type="radio"/>	<input type="radio"/>	\$25.00	
Week 7	July 20 - 24	<input type="radio"/>	<input type="radio"/>	\$25.00	
Week 8	July 27 - 31	<input type="radio"/>	<input type="radio"/>	\$25.00	
Week 9	August 3 - 7	<input type="radio"/>	<input type="radio"/>	\$25.00	
Week 10	August 10 - 14	<input type="radio"/>	<input type="radio"/>	\$25.00	
Week 11	August 17 - 21	<input type="radio"/>	<input type="radio"/>	\$25.00	
Week 12	August 24 - 27	<input type="radio"/>	<input type="radio"/>	\$25.00	
Subtotal:					
\$40 Registration Fee (1 st child) (If not currently enrolled)					
\$20 Registration Fee (additional child – enrolled at the same time as the first child)					
Total Amount Paid at Registration					

*RCELC will be closed July 3 for Independence Day and August 28 for a Teacher In-Service Day.

Your signature below means that you have read and agree to the following 3 statements:

- I am enrolling my child in RCELC's Summer Camp. I understand that the **RCELC Handbook** is accessible on-line at www.riverviewchristianelc.com. I also understand the parental and financial obligations and agree as stated.
- I understand that payments are due prior to Monday at 9:00a.m. for the week of care to avoid late fees.
- A \$25.00 non-refundable deposit will be applied to each week's tuition.

_____ Date _____/_____/_____
Parent/Guardian Signature

OFFICE USE ONLY

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