

FAMILY OF CHRIST LUTHERAN

Jill Hammond, Director

Summer Camp Registration
16190 Bruce B. Downs Blvd., Tampa, FL 33647
813-558-9343

David Haara, Pastor

CHILD'S NAME _____

SEX _____ BIRTHDAY _____ CHILD'S SSN# _____

HOME ADDRESS _____

CITY _____ ZIP CODE _____ HOME PHONE _____

MOTHER'S NAME _____

Driver's License# _____ CELL PHONE _____

EMPLOYER _____ WORK PHONE _____

FATHER'S NAME _____

Driver's License# _____ CELL PHONE _____

EMPLOYER _____ WORK PHONE _____

Parties authorized to 1) Remove child from our center; 2) Be called in a medical emergency:

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

We will not release your child to anyone without your written or verbal permission. They must present proper photo identification.

Current marital status of parents: Single Married Divorced Separated Joint Custody
(Please attach copies of court documents defining custody if applicable.)

IN CASE OF EMERGENCY/MEDICAL INFORMATION

PARENTS ARE RESPONSIBLE FOR MEDICAL COVERAGE FOR THEIR CHILD SHOULD INJURY OCCUR ON THE FAMILY OF CHRIST PREMISE OR AT ANY OFF-PREMISE FUNCTION.

If my child should become ill or injured at your center, I understand that Family of Christ CDC will:

1) Contact me immediately, 2) contact the persons I have designated above if I cannot be reached. Should Family of Christ CDC be unable to reach me and/or persons designated above, they are authorized to contact my child's physician and/or arrange for emergency treatment. The physician and/or medical facility is authorized to administer emergency medical treatment necessary for the health and safety of my child. I will be responsible for payment of medical services rendered.

Date _____ Signature of Parent/Guardian _____

PHYSICIAN _____ PHONE _____

ADDRESS _____ HOSPITAL PREFERENCE _____

MEDICAL INSURANCE _____ POLICY # _____

ALLERGIES OR PERTINENT INFORMATION _____

Parent Email Address _____

***Family of Christ Child Development Center admits students of any race, color, national or ethnic origin.*

REGISTRATION & TUITION POLICY

Summer Registration is \$60.00 per child. A Family of Christ field trip t-shirt and supplies are included. Registration fees are due at the time of enrollment, and are non-refundable.

_____ Yes, I would like to have the \$60 registration fee taken out of Tuition Express (check space)

I understand that all tuition payments are processed through Tuition Express, an automated payment processing system. Tuition will be processed on Monday of each week.

A weekly \$5 processing fee will be charged for all non-Tuition Express accounts. Payment must be made in cash or by money order. **NO CHECKS WILL BE ACCEPTED.** A \$20 late fee will be applied for all payments received after Monday (regardless of attendance dates).

Returned Tuition Express payments will be assessed a \$20 fee. If two or more payments are returned for non-payment, you may be required to pay in cash or money order (subject to the above fees) or your child(ren) may be withdrawn from our program.

Date _____ Signature of Parent/Guardian _____

FEES

Hours of Camp: 7 a.m.-6:15 p.m.

5 days \$195 weekly

3 days \$150 weekly

You must sign up in advance for the week(s) you wish to attend. Notification of changes or cancellations for the sessions indicated below must be received by the office no later than Tuesday at 6:15pm of the prior week or you will be charged a \$50 fee for that week. No Exceptions!

Date _____ Signature of Parent/Guardian _____

FIELD TRIP PERMISSION

I give permission to Family of Christ to transport my child to and from the center on field trips under the proper supervision of Family of Christ staff. I will refer to the monthly summer calendar for dates and trip locations. All fieldtrip fees are included in the cost of weekly tuition.

Date _____ Signature of Parent/Guardian _____

Grade Entering: _____ Shirt Size: (circle one) Sm. Med. Lrg. XL.

Please check the sessions your child will attend and if they are not attending 5 days you must circle the days they will attend.

Week 1 _____ June 1-June 5 M/T/W/TH/F

Week 2 _____ June 8- June 12 M/T/W/TH/F

Week 3 _____ June 15- June 19 M/T/W/TH/F

Week 4 _____ June 22- June 26 M/T/W/TH/F

Week 5 _____ June 29 -July 2 M/T/W/TH

Week 6 _____ July 6- July 10 M/T/W/TH/F

Week 7 _____ July 13- July 17 M/T/W/TH/F

Week 8 _____ July 20-July 24 M/T/W/TH/F

Week 9 _____ July 27-July 31 M/T/W/TH/F