



Registration Form: Summer Fun Camp 2019 Gloria Dei Preschool Discovery Center



Please fill out the information below and mail in to the office with the registration fee by 5/1/19.

Make checks payable to: Gloria Dei Preschool. 570 Welsh Road, Huntingdon Valley, PA 19006

Child's Name: _____ DOB: _____ M ___ F ___

Mother's Name: _____ Phone: (H) _____ (W) _____ (Cell) _____
/Legal Guardian

Father's Name: _____ Phone: (H) _____ (W) _____ (Cell) _____
/Legal Guardian

Primary Address: _____ City: _____ Zip: _____

Primary Email address for notifications: _____

Register my child for the camp weeks listed below; I understand that my child will receive a developmentally appropriate camp experience Monday through Friday 9:00AM – 1:00PM. I agree to provide a peanut free lunch and a water bottle on a daily basis. Daily snack will be provided. I will update any child information and or the emergency contact/parental consent form information whenever changes occur.

Weekly Tuition: \$95.00 (Includes \$25.00 per week Non-Refundable Deposit)

Please check the sessions you are registering for:

SESSION DATE: BALANCE DUE: *\$70.00

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- Week 1** June 3-7 ***5/27**
- Week 2** June 10-14 ***6/3**
- Week 3** June 17-21 ***6/10**
- Week 4** June 24-28 ***6/17**

- Week 5** July 8-12 ***6/24**
- Week 6** July 15-19 ***7/8**
- Week 7** July 22-26 ***7/15**
- Week 8** July 29- Aug 2 ***7/22**

Thinking about attending all 8 weeks? See office for discount details!

****MUST ATTEND ALL 8 WEEKS TO RECEIVE DISCOUNT****

****All campers must be 3 years old by 6/1/19 and be fully potty-trained with previous preschool experience****

Early Birds: \$5/day. Drop off available at 8:30am.

Late Pick Up Fee: \$5 per 5 minutes after 1:00pm.

I have read and fully understand the fee schedule that I am responsible for. I have reviewed the **Parent Handbook** and will abide by the guidelines as stated. The handbook can be found on our website, www.gloriadei.com.

Parent/Guardian Signature _____

Date _____

Director's Signature Melissa S. Whitman

Date 6/1/19

Gloria Dei Preschool reserves the right to cancel camp weeks due to insufficient enrollment or withdraw a child due to lack of payment. Parents will be notified of any changes.

OFFICE USE ONLY

Total Enclosed: \$ _____ Cash/Check _____

ALL CAMPERS MUST HAVE A CURRENT MEDICAL FORM ON FILE

MEDICAL INFORMATION / PERMISSIONS / EMERGENCY CONTACTS

Child's Physician _____ Phone # _____

Physician Address/City/State/Zip _____

Does your child have any known allergies? Yes No

If yes, Please list: _____

Is there any special medical, dietary, disabilities, medication or special needs information (info necessary in emergency situation)? Yes No

If yes, please list: _____

Medical treatment & Administration of minor first-Aid procedures: I hereby give the authorities of Gloria Dei Church and/or Gloria Dei Preschool Discovery Center, my consent for medical treatment, including administration of minor first-aid procedures, for my said son/daughter in the event of a medical emergency, while my said child is under the care and control of either said organization. **INITIAL**

Current Health Insurance Provider _____ Policy # _____

I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN OUTDOOR WALKS AND TRIPS. YES NO **INITIAL**

PICTURE PERMISSION: AT TIMES WE PUBLISH PICTURES OF STUDENTS ON OUR WEBSITE, IN MONTHLY NEWSLETTERS AND/OR OUR BROCHURE.

I GIVE MY PERMISSION FOR PICTURES IN WHICH MY CHILD MAY BE PRESENT TO BE PUBLISHED. YES NO **INITIAL**

INTERNET PERMISSION: I GIVE MY PERMISSION FOR MY CHILD TO USE THE INTERNET FOR EDUCATION PROGRAMS DURING GLORIA DEI SUMMER CAMP. I UNDERSTAND THAT MY CHILD WILL BE SUPERVISED BY PRESCHOOL STAFF AND NOT PERMITTED TO VENTURE ON THE INTERNET AND UNAPPROVED SITES. YES NO **INITIAL**

Please list the persons designated as an emergency contact and to whom the child may be released.
Please list the phone number where we would be best able to reach this person between 9AM-1PM.

1. _____
Parent Name #1 Relationship to child Address/City/State/Zip Phone

2. _____
Parent Name #2 Relationship to child Address/City/State/Zip Phone

3. _____
Emergency Contact Name Relationship to child Address /City/State/Zip Phone

4. _____
Emergency Contact Name Relationship to child Address/City/State/Zip Phone

Parent/Guardian Signature _____ **Date** _____

****Along with this authorization, all camp students must be fully immunized and have a current medical form in our office no later than June 1, 2019.****