



# Christ Church Episcopal Preschool 2017 Summer Registration

**Office Use Only**

Date & Time Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Payment: \$ \_\_\_\_\_

Check: # \_\_\_\_\_

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

Name Child Goes By: \_\_\_\_\_

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

Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

Cell 1/Carrier: \_\_\_\_\_ Cell 2/Carrier: \_\_\_\_\_

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

Who is authorized to pick up your child, other than parents? \_\_\_\_\_

Emergency contacts, other than parents (must list two):

Name 1: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Name 2: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Allergies? \_\_\_\_\_ Epi Pen required? \_\_\_\_\_

Medical issues: \_\_\_\_\_

**All camp weeks are Monday – Friday, 9:00 am – 1:00 pm.  
Check each week for which you are registering.**

Week #	Dates	Camp Theme	Infant & Toddler (\$160/week)	Rising K2 – Rising 1 <sup>st</sup> Grade (\$140/week)	Rising 2 <sup>nd</sup> – Rising 5 <sup>th</sup> Grade (\$110/week)
1	June 5-9	Choosy Kids			
2	June 12-16	VBS & Superheroes			
3	June 19-23	Cooking through Literacy			
4	June 26-30	Party in the USA			
5	July 10-14	#yeahthatgreenville			
6	July 17-21	Frozen in July			
7	July 24-28	I Spy...Nature			
8	July 31-Aug 4	It's a Small World			
9	Aug 7-11	The Salt Life			

**Financial Obligation** (please initial each statement below)

I have attached a **non-refundable, \$40 summer registration fee** for each child enrolled.

I have filled out the Summer Payment Agreement form.

I understand that it is necessary and expected that parents who register assume financial responsibility for EVERY and ALL weeks enrolled regardless of change in circumstance, illness, or family emergency.

I understand that tuition and fees are NON-REFUNDABLE.

**Immunization From** (check one)

I have attached a current immunization form for my child, OR

The current immunization form is already on file for my child. (*Only for students that attended CCEP for the regular 16-17 school year*).

**Photo Release Agreement** (please initial)

I give permission for photographs of my child to be used by CCEP for promotional purposes.

**Medical Release and Liability Statement** (please initial each statement)

My child is in good health and is allowed to fully participate in all CCEP activities and programs. All known health concerns are stated on this registration form.

I hereby release and hold harmless CCEP, its agents and employees from liability in connection with or arising from unavoidable accident, violation of applicable standards of behavior rules, or any other cause. In the event of an emergency, I hereby give permission to the CCEP Administrative Staff to secure treatment for my child as named on the registration form.

If a CCEP summer program activity involves riding in a CCEP vehicle, I give permission for my child to ride in the CCEP vehicle with a driver that is approved to operate such vehicles.

**Early and Late Stay** (please check if applicable)

Early and late stay are billed in arrears at \$5.00/hour per child for the time used each month.

My child will be attending CCEP's early stay program this summer. (7:30-8:45 am)

My child will be attending CCEP's late stay program this summer. (1:00-5:30 pm)

I have received, read, and understand the CCEP Summer Program Registration information above pertaining to both program operations and financial obligations. By submitting this form and signing below, I agree to be responsible for all financial requirements, charges and fees while my child is enrolled, and I understand that tuition and fees are non-refundable.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_