

# Windsor Christian Preschool Fun and Sun Summer Camp 2022 Registration Form



Name of child \_\_\_\_\_ (circle) **M / F**

Name to be used in camp \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Child's address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Mother's name \_\_\_\_\_ Mother's cell phone \_\_\_\_\_

Father's name \_\_\_\_\_ Father's cell phone \_\_\_\_\_

Desired session(s): (please check) \_\_\_\_\_ **Week 1 (May 31-June 3) \$130.00/week**

\_\_\_\_\_ **Week 2 (June 6-9) \$130.00/week**

Camp Time: 9:00-12:00 (lunch is not provided)

In case of emergency, list two persons we should contact if we are unable to reach you:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Allergies (if none, so state) \_\_\_\_\_

In case of accident, illness, or other emergency, I request that the school contact the parent/guardian. If the school cannot reach a parent/guardian after conscientious effort, I give permission for the school staff to call paramedics or any licensed physician or dentist. If a life threatening emergency exists, I give permission for school staff to call paramedics immediately and then contact parent/guardian as soon as possible thereafter. I agree to accept responsibility for the cost of any medical services.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

All children must have turned three by March 1, 2022, completely potty trained, and cannot have yet attended kindergarten. No exceptions will be made. Please fill out the registration form and return it with your payment in full. I understand that my signature below acknowledges that the school will not refund any payment if I choose to withdraw my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form along with check made payable to:  
**Windsor Christian Preschool, P.O. Box 322, Uwchland, PA 19480**  
**(610) 458-0339 windsorcp.org**