



Windsor Christian Preschool Fun and Sun Summer Camp 2025 Registration Form

Name of child _____ (circle) **M / F**

Name to be used in camp _____ DOB _____ Age _____

Child's address _____ City _____ Zip _____

Primary 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 27-30) \$140.00/week "Walk Through Storyland"
_____ Week 2 (June 2-5) \$140.00/week "Best of the Best...Summer Fun"
Camp Time: **9:00 a.m. - 12:00 p.m.** (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, 2025, completely potty trained, and cannot have yet attended kindergarten. 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

Pay Online via PayPal at
<https://www.windsorcp.org/programs/summer-camp/>