

2018 SUMMER REGISTRATION

Treasure Christ

Matthew 6:21

For where your treasure is, there your heart will be also.

(Please submit one registration per child)

Child Information

First Name: _____ Middle Name: _____ Last Name: _____

Birthday: _____ Gender: M F E-Mail Address For Billing: _____

Address (where child resides majority of the time): _____ City: _____ Zip: _____

Student lives with: Mother/Father Mother/Stepfather Father/Stepmother Mother Father Other
(Any court ordered custody issues must be clearly stated in current court papers and a copy must be attached)

Emergency Contact Information (if parent can't be reached)

Name: _____ Cell phone _____ Day phone _____

Carpool Information

I authorize the following people **ONLY** to pick-up my child (**this policy is strictly enforced**): _____

Parent/Guardian Information

Mother's Name: _____ Mother's E-Mail (for camp communication): _____

Mother's Cell phone: _____ Mother's Work phone: _____

Mother's Home phone: _____

Father's Name: _____ Father's E-Mail (for camp communication): _____

Father's Cell phone: _____ Father's Work phone: _____

Father's Home Phone: _____

Step-parent (if applicable): Name: _____ Phone: _____

EMERGENCY NUMBER: _____

Medical/Allergy Information

Please list any **medical conditions or special needs*** & instructions for treatment: _____

Life threatening? Y N

Please list any **food or other allergies** & instructions for treatment: _____

Life threatening? Y N

I give permission for the HCS staff to administer the following over the counter medications as needed according to the recommended dosage chart for age: Tylenol Ibuprofen Benadryl

I request that the following prescription medication (medication must be in prescription bottle with clear instructions) be administered to my child by the HCS staff as directed below:

Name of Medication: _____ Time(s) to be administered: _____

Dosage: _____ Instructions for administration: _____

*Children with special needs and/or medical conditions will need to meet the Summer Camp Director prior to enrollment in order to ensure we can meet the needs of the student.

2018 SUMMER REGISTRATION

Registration Fee \$300 (non-refundable), due by **June 4, 2018** (or upon enrollment thereafter)

** Registration Fee includes one Summer Camp T-Shirt which must be worn on all field trips.

Youth: S M L XL Adult: S M L XL

If your child is not registered by **June 4, 2018, please pay \$10 for a Summer Camp T-Shirt.

Initial

Due to scheduling and prepayment of activities, we will NOT be able to refund or transfer payments for no shows. Drop-ins will NOT be accepted. No refunds/credits will be given for missed weeks or days.

Initial

Camp Tuition \$325.00 Per Week

Registration: please indicate the weeks and days your child will be attending

Week 1	June 18 - June 22	\$_____ for ____ days	M T W TH F
Week 2	June 25 - June 29	\$_____ for ____ days	M T W TH F
Week 3	July 2 - July 6	\$_____ for ____ days	M T W TH F
Week 4	July 9 - July 13	\$_____ for ____ days	M T W TH F
Week 5	July 16- July 20	\$_____ for ____ days	M T W TH F
Week 6	July 23- July 27	\$_____ for ____ days	M T W TH F
Week 7	July 30 - Aug. 3	\$_____ for ____ days	M T W TH F
Week 8	Aug.6- Aug.10	\$_____ for ____ days	M T W TH F
Week 9	Aug.13 - Aug.17	\$_____ for ____ days	M T W TH F
Week 10	Aug.20- Aug.22	\$_____ for ____ days	M T W

Terms and Conditions:

- \$50 Registration Fee (non-refundable) is due upon enrollment and must accompany your Registration Form.
- Payment for weeks 1 - 5 will be **due by June 15, 2018**. Children will not be admitted to camp on June 18 unless tuition for weeks 1-5 is paid in full. Payment for weeks 6 - 10 will be due **by July 27, 2018**. Children will not be admitted to camp on July 30 unless tuition for weeks 6 -10 is paid in full.
- Payments made by check should be made out to Heritage Christian School and can be either mailed to the school office or dropped off in the tuition box inside the Heritage Harbor portable building or the school office. Payments by credit card can either be made in the school office during summer office hours or can be automatically deducted as indicated below. **There is a 3% transaction fee added to all credit card transactions.**

Automatic Credit Card Payments: I authorize HCS to debit the credit card listed below for the following fees and tuition indicated. I understand that there will be a 3% transaction fee added to each credit card transaction:

- Registration Fee (upon enrollment) Tuition for Weeks 1 - 5 (June 15, 2018)
 Tuition for Weeks 6-10 (July 27, 2018)

Credit Card # _____ Exp. Date: CVV (3 digits) _____ Billing Zip Code: _____

- A fee of \$15.00 for late pick-ups (after 6:00 pm) will be due for every 15-minute interval or portion thereof you are late.

Parent Signature: _____ **Date:** _____

Office Use Only: Reg Fee _____ Tuition Wks 1-5 _____ Tuition Wks 6-10 _____ Notes: _____
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OFF-CAMPUS PERMISSION FORM
Heritage Harbor Summer 2018

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Matthew 6:21

For where your treasure is, there your heart will be also.

Student's Name _____ Age/Grade _____

Activity: All Summer Trips Date of Trip: June 18 - August 22, 2018

Teachers in Charge: Heritage Harbor Staff

Object of Activity: Have some great summer fun!

Special Safety Issues: Parent is responsible for sun screening (we will reapply)
Water bottle (at least 16 oz.)

Special Items Needed: Wear camp shirt on all excursions
Comfortable covered shoes, no open toe (unless specified)

Food/Lunch: For all excursions send a **Sack lunch** & plenty of water

Morning Departure Time: 9:00 am

Approximately Return Time: 4:00 pm (unless otherwise noted)

Means of Travel: School bus cost included in tuition

Permission for Participation

Student Name: _____

Age/Grade: _____

Medical or Special Needs:

If your student has allergies, a medical condition or any other special needs, please indicate below and attach details and instructions to this sheet: Allergy(s) Medical Condition(s)
 Special Need(s)

Please understand that such special needs may prevent a student from participating in some events

Parent Signature _____ Date: _____

Print Parent Name: _____

Parent Contact Information:

Mother's cell phone: _____ Mother's work phone: _____

Father's cell phone: _____ Father's work phone: _____

Emergency Contact (other than parent): _____ Daytime Phone: _____

*please note we cannot accept handwritten, phone calls, or other substitutions in lieu of this form. Students who do not return with this form will not be permitted to attend field trips.