



Rockville United Methodist Church

112 West Montgomery Avenue, Rockville, Maryland 20850

(301) 340-3373 | director@newdaypreschool.org

Registration Form - Summer Camp 2021

Please Print

CHILD'S NAME: _____
(First) (Middle) (Last)

☐ RETURNING STUDENT/STUDENT ENROLLED FOR FALL 2021 ☐ NEW STUDENT

DATE OF BIRTH: _____ ☐ MALE ☐ FEMALE

ADDRESS: _____

Camp Session(s) Attending:

☐ Session 1: June 1st to June 11th ☐ Session 2: June 14th to June 25th

MOTHER/GUARDIAN: _____
(First) (Last)

E -MAIL ADDRESS: _____ MOBILE PHONE#: _____

FATHER/GUARDIAN: _____
(First) (Last)

E -MAIL ADDRESS: _____ MOBILE PHONE#: _____

Does your child have any special medical, dietary or allergy restrictions of which the school should be aware of? If yes, please elaborate:

Do you have any concerns related to your child's development that the school should be aware of?

SUMMER CAMP REGISTRATION POLICIES:

1. **Eligible Ages:** children who were 2, 3 or 4 years old by September 2020. Children must be potty-trained.
2. **Additional Forms required:** NDP must have the following on file before a child can begin attending camp:
 - Health Inventory Form
 - Immunization Form
 - Emergency Form
 - COVID-19 Health Policy Family Acknowledgment Form
3. **Refund Policy (Summer Camp only):** New Day Preschool reserves the right to cancel a camp session(s) due to low enrollment. In the event of such a cancellation, all fees will be refunded. There are no refunds due to absences as there are no make-up classes. If we have to close due to a case of COVID-19 in the NDP community, Camp Fees will be prorated and any applicable fees (if any) will be refunded.
4. **Payment:** Payment in full must accompany this Registration Form. Please make checks payable to *New Day Preschool*.

☐ Session 1: June 1st to June 11th - \$315

☐ Session 2: June 14th to June 25th - \$350

Amount Paid: \$_____

____ I give my child permission to attend and participate in all summer camp activities on the dates selected.

____ I **DO/DO NOT** authorize New Day Preschool to use photographs of my child taken during Summer Camp on the New Day Preschool website, the New Day Preschool Facebook page, or to be used for marketing purposes.

____ I have read and understand the aforementioned policies and agree to abide by them.

Parent/Guardian Name: _____

Parent/Guardian Signature : _____

Date : _____

OFFICE USE ONLY

Total Paid: _____

Check# _____

Date _____