

SUMMER CAMP 2019 REGISTRATION FORM

Camp runs from June 10 through August 22, 2019* Please complete one form per child.
Register by May 24th to guarantee receiving a T-shirt.

Child's Full Name			
Child's Date of Birth (MM/DD/YYYY)		Grade Completed as of 6.2019 (Must have completed Kindergarten)	
Parent/Guardian Name/s			
Street Address		City, State Zip	
Parent Phone/Email	P	E	
Emergency Contact Name		Phone	
Emergency Contact Name		Phone	
T-shirt size (Circle Only One)	Youth XS S M L XL	Adult XS S M L XL	
<input type="checkbox"/> I am currently receiving C.C.I.S Funding (Contact Office for Registration details)			
Approximate Arrival and Departure Schedule	_____ AM to _____ PM		
Permission for RCELC to transport your child to field trips during Summer Camp	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Permission for your child to go swimming during Summer Camp	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Swimming Ability of your child (Check One)	<input type="checkbox"/> Non-swimmer	<input type="checkbox"/> Beginner	<input type="checkbox"/> Advanced
Authorization for RCELC to get Emergency Medical Attention for your child if necessary	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Permission for RCELC to use photographs of your child in current/future advertising and promotion (No names of children will ever be used)	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No		Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list: _____		Epi-Pen <input type="checkbox"/> Yes <input type="checkbox"/> No	



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Instructions for the table below:

1. Please fill in a circle stating whether your child will be receiving Full Time or Part Time Care.
2. If they require Before and/or After Care, fill in a circle for that as well. Before and After Care is an additional charge of \$30/week.

Week	Dates	Full Time 9:00a.m.-4:00p.m. \$100/week	Part Time (3 days/week) 9:00a.m.-4:00p.m. \$75/week Circle days your child will attend	Before/After Care 6:30 – 9:00a.m. 4:00 – 6:00p.m. \$30/week	Write in total amount for each week
Week 1	June 10 - 14	<input type="radio"/>	M T W Th F	<input type="radio"/>	
Week 2	June 17 - 21	<input type="radio"/>	M T W Th F	<input type="radio"/>	
Week 3	June 24 - 28	<input type="radio"/>	M T W Th F	<input type="radio"/>	
Week 4	July 1 - 5*	<input type="radio"/>	M T W Th F	<input type="radio"/>	
Week 5	July 8 - 12	<input type="radio"/>	M T W Th F	<input type="radio"/>	
Week 6	July 15 - 19	<input type="radio"/>	M T W Th F	<input type="radio"/>	
Week 7	July 22 - 26	<input type="radio"/>	M T W Th F	<input type="radio"/>	
Week 8	July 29 - Aug. 2	<input type="radio"/>	M T W Th F	<input type="radio"/>	
Week 9	August 5 - 9	<input type="radio"/>	M T W Th F	<input type="radio"/>	
Week 10	August 12 - 16	<input type="radio"/>	M T W Th F	<input type="radio"/>	
Week 11	August 19 – 22*	<input type="radio"/>	M T W Th F	<input type="radio"/>	

*RCELC will be closed July 4 for Independence Day and August 23 for a Teacher In-Service Day.

Your signature below means that you have read and agree to the following 2 statements:

- I am enrolling my child in RCELC's Summer Camp. I understand that the **RCELC Handbook** is accessible on-line at www.riverviewchristianelc.com. I also understand the parental and financial obligations and agree as stated.
- I understand that payments are due prior to Monday at 9:00a.m. for the week of care to avoid late fees.

_____ Date _____/_____/_____

Parent/Guardian Signature

\$40 Registration Fee (1 st Child) (If not currently enrolled)	
\$20 Registration Fee (additional child – enrolled at the same time as the first child)	
Total Amount Paid at Registration	