

2011 Application for JupiterFIRST Church Summer Camp

Last Name _____ First Name _____

Date of Birth _____ Boy _____ Girl _____

Does your child have allergies? No _____ Yes _____ What kind? _____

Existing conditions? _____

Does your child live with both parents? Yes _____ No _____
 He/She lives with _____

Age/Grade your child will be attending next fall?
 Little Learners (3yr) _____ Pre-K (4 yr) _____

Kindergarten (5 yrs) _____ 1st Grade & 2nd Grade (6 & 7 yrs) _____

***Mother's Last Name** _____ First Name _____

Address _____ City _____ Zip _____

Home Phone # _____ Email address _____

Work Phone # _____ Cell Phone # _____

Place of Employment _____

***Father's Last Name** _____ First Name _____

Address _____ City _____ Zip _____

Home Phone # _____ Email address _____

Work Phone # _____ Cell Phone # _____

Place of Employment _____

Please check the box for the weeks that your child will attend camp

Dates:	Week 1 June 13-16	Week 2 June 20-23	Week 3 June 27-30	Week 4 July 5-7	Week 5 July 11-14
Themes:	African Safari	Camp	America the	Water World	Luau
9:00-2:00 Mon-Thurs					
	\$145/week	\$145/week	\$145/week	\$110/week T/W/Th only	\$145/week

Forms that are required before child can start camp:

Copies of Medical Form and Immunization Form
(Yellow and Blue Health forms from the doctors office)
Must be in the preschool office before June 13, 2011

***Child must be completely potty trained before coming to camp.**

Pull-ups are not allowed, underwear required.

List of people that may pick up your child from camp:

Name	Relationship	Phone
1.	_____	
2.	_____	
3.	_____	

Each 4-Day week (Monday - Thursday) is \$145.00 per week.

***Week 4 is only a 3 day camp week. Camp will be closed on Mon, July 4**

Number of weeks attending _____

Amount of camp per week X \$145.00 or (Week 4 \$110.00)

If payment is by Credit card
\$5.00 additional fee added to camp fee _____

Total amount of summer camp \$ _____

Cash _____ Check # _____ Credit Card _____

Consent for Treatment:

This is to certify that for the period from June 13, 2011 to July 14, 2011, I hereby constitute and appoint JupiterFIRST Church Summer Camp my true and lawful attorney, for the purpose of authorizing medical treatment to, and performance of any procedure determined to be necessary after consultation with Emergency or Family Physician in my or my spouse's absence on my child:

Family Physician _____

Physician's Phone Number _____

Parent's Signature _____

Date _____

Thank you for choosing our camp for your child's needs.

Miss Susan
Camp Director