



646 Concord Road, Fletcher NC, 28732
(828) 628-1188 ext 208

Trinity Summer Day Camp Registration

Child: _____ Girl / Boy
 First Middle Last

Street Address: _____
City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Primary Phone #: _____ Primary E-mail: _____

Date of Birth: _____ Weight: _____ Booster seat Required by law? Y N Grade completed: _____

Father's Name: _____ Employer: _____

Father's Phone Numbers: (H) _____ (C) _____
(W) _____

Mother's Name: _____ Employer: _____

Mother's Phone Numbers: (H) _____ (C) _____
(W) _____

Please list any allergies your child may have, his/her reaction to exposure, and procedure to follow in the event of exposure: _____

List any health problems/medical diagnosis that would restrict your child's school activities:

Child's Doctor/Phone #: _____ Child's Dentist/Phone #: _____

EMERGENCY CONTACT WHEN PARENTS CANNOT BE REACHED: (NAME, RELATIONSHIP, PHONE #):

- 1. _____
- 2. _____

THESE ADULTS MAY PICK UP YOUR CHILD AT ANY TIME:

Registering For:

5 Day	3 Day
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Circle the weeks your child will be in attendance.

June 7-11, June 14-18, June 21-25, June 28-July 2, July 5-9, July 12-16, July 19-23, July 26-30, August 2-6, August 9-13

Please list others in the home:

Siblings/Ages: _____

Adults: _____ Pets/Names: _____

What other information should we know/be aware of to care for your child? Events at home often influence your child's behavior. We are better able to help your child when you inform us of situations and/or events that might influence his/her overall behavior such as: divorce, separation from a relative or friend, death of a relative or pet, etc...

Knowing about these transitional times allows us to give special attention, understanding, and care for your child. The information you give us will remain confidential. Has anything happened recently in your child's life that might have an effect on her/him? Are there any unusual fears or special traits that the teacher may need to know about?:

Photography Release Information:

During the school year, we will take numerous pictures of your child during Preschool. In addition to using the materials for student publications and purposes, we occasionally would like to use the pictures or videos in brochures or other promotional materials such as TOF Weekday Kids Summer Program Facebook page.

I give my permission for my child to be included in photographs.

Signature: _____

By signing this registration form, I agree to the information in the information letter as well as this registration form.

Parent Signature: _____ Date: _____



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A non-refundable registration fee of \$55 is due with the registration form AND individual weeks must be reserved at the time of registration.

Please return to: Trinity of Fairview
646 Concord Road
Fletcher, NC 28732

Trinity Summer Day Camp Payment Information

Registration Fee:

- A non-refundable \$55 registration fee is required for each child at the time of registration. This fee is required to register your child for any amount of weeks throughout the summer (1 week or 9 weeks). The fee allows us to input data, get SmartCare information established for your family and get supplies ready for the summer prior to their arrival.

Week Reservation:

- A non-refundable \$35 deposit for each week is required to reserve your child(ren)'s spot at Trinity Summer Day Camp. The deposit will be applied to the weekly camp fee.
- If you want to add additional weeks later, you will only be able to do so **IF** there is space available.

Tuition:

- 5 day option \$150 (sibling \$120)
- 3 day option \$120 (sibling \$110)
- Tuition covers field trips, curriculum classes, counselor pay and all other parts of the program.

How to Pay:

- Balances are due at the beginning of the month for the weeks that you have reserved. Please make sure that the balance for the entire month is paid on the first day of attendance of the month. Your child will not be able to attend until the month is paid for.
- If you add weeks after the month begins, the week must be paid in full at that time.
- You may pay using:
 - SmartCare with your bank account
 - SmartCare with a credit card
 - A check
 - Cash



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If you have questions regarding payment information please contact
Brianna Huntley at 628-1188 or by email briannahuntley@trinityoffairview.org.

Register NOW by mailing in your information and payment, coming by the church office or call/email Brianna
to set up an appointment to drop off information and payment.