



646 Concord Road, Fletcher NC, 28732
(828) 628-1188 ext 214

Trinity Summer Day Camp Registration

Child: _____ Gender: _____
 First Middle Last

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

Mailing Address (if different): _____

Primary Phone #: _____ Primary E-mail: _____

Date of Birth: _____ Grade completed: _____

Guardian 1:

Name: _____ Relationship to camper: _____

Employer: _____

Phone Numbers: (C) _____ (W) _____

Guardian 2:

Name: _____ Relationship to camper: _____

Employer: _____

Phone Numbers: (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:



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Registering For: Please circle the weeks you are wishing to register
Drop off time is 7:30 a.m. and Pick up time is 1:00 p.m.

June 20-24	June 27-July 1	July 5-8	July 18-22	July 25-29	August 1-5
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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 summer, we will take numerous pictures of your child during camp. 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 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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Trinity Summer Day Camp Payment Information

Week Reservation:

- A **non-refundable** \$50 deposit for each week is required to reserve your child's spot at Trinity Summer Day Camp. The deposit will be applied to the weekly camp fee. This is per child
- If you want to add additional weeks later, you will only be able to do so **IF** there is space available.

Tuition:

- \$150 weekly We do not have a daily rate, registration and payment will be for a full week, only.

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:
 - A check
 - Cash
 - Through easy tithe church website

If you have questions regarding payment information please contact
Brianna Huntley at 628-1188 EXT 214 or by email briannahuntley@trinityoffairview.org.

Register **NOW** by mailing in your information and payment, dropping at the church office, or calling Brianna or Michelle to set up an appointment to drop off.