# North County Christian School
# ASAP Summer Camp 2017

## 3rd - 8th grade

**We offer a separate program for 3yr olds – 2nd grade**

**Registration Form/$75 Activity Fee due at time of registration.**
**Weekly Rate: $110 (Lunch Included )(*Weeks of 4th of July-prorated $88.00)**

- Payments must be received by **Wednesday** of the **prior** week to be eligible to attend the next weeks' camp. **No exceptions**.
- No refunds or credits will be given for days missed for non-attendance, vacation or illness.
- No transfer of weekly payments from one week to another. **No exceptions**.
- Weeks attending must be checked to be guaranteed participation in scheduled field trips.

Please place an **X** next to the weeks your child will be attending. Activities are from 8:00 a.m. to 3:30 p.m. Extended hours are available from 7:00 a.m. to 6:00 p.m. at no additional charge. It is recommended that no child be in attendance for more than ten hours per day.

**Camper's Name _____Grade 2017-18_____**

| | | | |
|---|---|---|---|
| | | _____ *July 3-7 | payment due June 28 |
| _____ June 5-9 | payment due May 31 | _____ July 10-14 | payment due July 5 |
| _____ June 12-16 | payment due June 7 | _____ July 17-21 | payment due July 12 |
| _____ June 19-23 | payment due June 14 | _____ July 24-28 | payment due July 19 |
| _____ June 26-30 | payment due June 21 | | |

**Please make payments in the administration office or by mail:**
**845 Dunn Road, Florissant, MO 63031, Summer office hours: 7:30 a.m.-4:00 p.m.**
**Online payments can be made through our website—www.nccsedu.org—under Links.**

**For Office Use Only:**
**Date registration form & $75 fee received _____**
**Parent Copy_____ Office Copy_____ Director Copy_____**

# 2017 ASAP Summer Camp Application 3rd-8th

**Camper Information** **(Entering 2017-2018 School Year)**

Camper's Name_____Please Circle Grade: 3rd 4th 5th 6th 7th 8th

Permanent Address_____ Birth Date_____

_____ (_____)_____

City State Zip Telephone

**Parent Information**

**Father's Name**_____ Telephone (_____)_____

Email_____Cell #(_____)_____

Address_____

Street City State Zip

**Mother's Name**_____ Telephone (_____)_____

Email_____Cell #(_____)_____

Address_____

Street City State Zip

**Emergency Contact and Authorized Pick-up Information**

Name_____ Relationship _____Phone (___) _____

Name_____ Relationship _____Phone (___) _____

*Individuals picking up children will need to provide a picture ID.*

**Camper's Medical Information**

Allergies:_____ Medications:_____

Allergies:_____ Medications:_____

Routine Medication:_____ How Often? _____

Name of Doctor/Telephone_____(_____ )_____

Insurance Company: _____I.D. #_____

I give permission for my child to participate in off campus field trips. All NCCS Camp staff in charge of activities will exercise care to prevent accidents. It is understood that in giving permission, claims against North County Christian School/ASAP are waived.

My child may participate in swimming activities in locations with life guards on duty. Yes No

Signature of Father / Guardian _____Date_____

Signature of Mother / Guardian_____Date_____