

North County Christian School ASAP Summer Camp 2018



3rd - 8th grade

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

- Registration Form/\$75 Activity Fee due at time of registration. *Non-refundable**
Weekly Rate: \$115 (Lunch Included)(*Weeks of Memorial Day & 4th of July-prorated \$92.00)
- 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 2018-19** _____

_____ June 4-8	payment due May 30	_____ *July 2-6	payment due June 27
_____ June 11-15	payment due June 6	_____ July 9-13	payment due July 3
_____ June 18-22	payment due June 13	_____ July 16-20	payment due July 11
_____ June 25-29	payment due June 20	_____ July 23-27	payment due July 18

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 _____

2018 ASAP Summer Camp Application 3rd-8th

Camper Information

(Entering 2018-19 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 _____