

North County Christian School Summer Camp 2018



3yrs. - 2nd grade

We offer a separate program for 3rd - 8th grade

- Registration Form/\$75 Activity Fee due at time of registration** *Non-refundable
Weekly Rate: \$130 - lunch included (*Weeks of Memorial Day and 4th of July-prorated \$104)
- 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.

Summer camp is for children age three (must be potty trained) through students entering 2nd grade.

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** _____

_____ *May 29-June 1	payment due May 23	_____ *July 2-6	payment due June 27
_____ June 4-8	payment due May 30	_____ July 9-13	payment due July 3
_____ June 11-15	payment due June 6	_____ July 16-20	payment due July 11
_____ June 18-22	payment due June 13	_____ July 23-27	payment due July 18
_____ June 25-29	payment due June 20		

Please make payments at the Business 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 Summer Camp Application 3yrs. - 2nd grade

Camper Information

(Entering 2018-2019 School Year)

Camper's Name _____ Please circle grade: P3 P4 K5 1st 2nd

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. I realize that my child will be transported to and from field trips on a school bus which is not required to have seat belts. I understand that the NCCS staff takes every precaution while riding on the bus by not allowing young children to sit in the front or rear seats. It is understood that in giving permission, claims against North County Christian School are waived.

Signature of Father / Guardian _____ Date _____

Signature of Mother / Guardian _____ Date _____