2018 Grace Episcopal Day School Summer Camp Registration

Summer Program: Week (circle) ☐1 ☐2 ☐3 ☐4 ☐5 ☐6

9:00 AM – 1:00 PM Camp:	**$145 per week**
9:00 AM – 3:00 PM Camp:	**$220 per week**
Extended care (7:30 AM – 9:00 AM and 3:00 PM – 5:30 PM):	**$7.50 per hour**

Please submit this registration form with payment for at least one week of camp to secure your child's spot. Payment is then due the Monday morning of each week of camp your child attends.

PLEASE PRINT

Child's Full Name: _____

Birth Date: _____ Gender: _____ Grade Completed: _____

Address: _____

City: _____ Zip: _____

Name of School Where Child is Currently Enrolled: _____

Email Address for Correspondence: _____

Does the child reside with both parents? ☐Yes ☐No

If no, who is financially responsible for fees? _____

Name & Address: _____

PARENT 1

Full Name: _____

Email Address: _____

Cell Phone: _____ Work Phone: _____

PARENT 2

Full Name: _____

Email Address: _____

Cell Phone: _____ Work Phone: _____

~ PLEASE COMPLETE BOTH SIDES ~

156 Kingsley Avenue, Orange Park, FL 32073 • Office 904.269.3718 • Fax 904.269.9183

EMERGENCY CONTACT AND PICK UP INFORMATION

Other persons allowed to pick up your child, or who are responsible in case of emergency or illness if parents cannot be reached:

Name	Relationship	Phone

1. _____

2. _____

3. _____

4. _____

MEDICAL INFORMATION

Does your child have any medical conditions or allergies? ☐Yes ☐No
If yes, you will be required to complete the Medical Action Plan form available in the front office.

Child's Doctor: _____ Phone: _____

In case of emergency, every effort will be made to contact the parents, the emergency numbers, and the doctor listed. Failing to contact any of these, I give permission to the school to call a physician and secure proper emergency treatment while efforts continue to locate the parents.

Signed: _____ Date: _____

~ PLEASE COMPLETE BOTH SIDES ~