

TO REGISTER, please complete the registration form and submit with the appropriate registration fee. The registration fee is \$50 per session. The remaining tuition will be due at the start of each session.

Childs Name: _____

Date of Birth: ____ / ____ / ____

(Child must be reaching the appropriate age by September 2007)

Summer Camp Tuition

2 year olds \$ 170 / Session

3 year olds \$ 215 / Session

4/5 year olds \$ 215 / Session

Please indicate the session(s) your child will be attending by marking the appropriate session/age slot with an "x"

Session 1 (June 4 - June 15)

Tuition Amt. - Registration Fee

Tuition Due 6/4

2's (MWF) _____

\$ _____ - _____ = \$ _____

3's (M-F) _____

4/5's (M-F) _____

Session 2 (June 18 - June 22)*
(July 9 - July 13)*

Tuition Amt. - Registration Fee

Tuition Due 6/18

2's (MWF) _____

\$ _____ - _____ = \$ _____

3's (M-F) _____

4/5's (M-F) _____

**Please note, session 2 is split. MPP is closed 6/25-6/29 for Vacation Bible School and 7/2-7/6 in celebration of the July 4th holiday.*

Session 3 (July 16 - July 27)

Tuition Amt. - Registration Fee

Tuition Due 7/16

2's (MWF) _____

\$ _____ - _____ = \$ _____

3's (M-F) _____

4/5's (M-F) _____

Session 4 (July 30 - August 10)

Tuition Amt. - Registration Fee

Tuition Due 7/30

2's (MWF) _____

\$ _____ - _____ = \$ _____

3's (M-F) _____

4/5's (M-F) _____

Total Registration Fee's Due \$ _____ x \$50 = \$ _____
(# of sessions) (Total Registration Fee due today)

I understand that my registration fee is non-refundable. Families will be responsible for paying for all the days they have reserved, even if they withdraw the child from the program or session. No refunds or make-up days are issued for missed days of camps. Fifty Dollars (\$50) per session is due at the time of registration and the remainder of the sessions' tuition is due on the 1st day of each session attending.

Parent Signature: _____ Date: _____

Morningside Presbyterian Preschool

SUMMER CAMP 2007

Child's Last Name	First	Middle	Date of Birth
Street Address		City	Zip Code
Parent's Names		Cell phone numbers	
Home phone number		email address	

EMERGENCY CONTACTS/PICK UP INFORMATION

EMERGENCY CONTACT: Please list individuals to whom your child may be released (other than yourself/spouse) in the order you wish them to be called. Include all persons with whom you are carpooling. Please verify with persons below that they may be called in case of child's illness or emergency in the event you cannot be reached. NOTE: Your child will not be released unless contact's name, address and phone number appears below.

My child(ren) may be released to the person(s) signing this agreement or to the following:

Name: _____ Home #: _____ Office #: _____

Address: _____
Street City State Zip code

MEDICAL INFORMATION

Child's Physician or Clinics Name (Child's Primary Health Source):

Name: _____ Telephone #: _____

Address: _____
Street City State Zip code

Insurance Carrier: _____ Policy #: _____

My child is currently on medication(s): YES NO If yes, describe: _____

My child has the following current/recurrent illness, allergies, or health concerns: YES NO
If yes, describe: _____

My child has the following special need(s): _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at this center: _____

Signature (Parent/Guardian)

Date