



# Cinco Christian School Summer Day Camp 2018



Child's Name: \_\_\_\_\_  
(Last) (First) (Middle) (Alias)

Age : \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Birth date: \_\_\_\_\_

Program: ( ) 3, 4 & 5 Year old Full Time M - F 6:30 a.m. - 5:30 p.m. ( ) K - 6<sup>th</sup> Grade Full Time M - F 6:30 a.m. 5:30 p.m.

Mother's Name _____	Father's Name _____
Address _____	Address _____
City: _____ Zip _____	City: _____ Zip _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Employment: _____	Employment: _____
Work Phone: _____	Work Phone: _____
Church Attending: _____	Church Attending: _____

Child Lives With: Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Both: \_\_\_\_\_ Other: \_\_\_\_\_

Names of Siblings in SDC \_\_\_\_\_

How did you hear about Cinco? ( ) Website ( ) Church ( ) Advertisement ( ) Radio  
( ) Friend \_\_\_\_\_

*Persons authorized to remove and/or to contact in case of illness or emergency,  
if parent/guardian cannot be reached:*

Name Phone Work Phone Relationship

Name Phone Work Phone Relationship

Name Phone Work Phone Relationship

Special Instructions (allergies, etc.) \_\_\_\_\_

**"Training up children in the way they should go ..." Proverbs 22:6**

Emergency care: If emergency medical or dental care is deemed necessary, and I cannot be contacted, I authorize Cinco Christian School to act in my behalf in granting permission for my child to receive emergency treatment or surgery. In such a situation, I authorize medical or dental personnel to perform required emergency procedures. If we cannot reach your family physician/dentist we will use our own.

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

By signing this form I agree:

- 1) I have read, fully understand, and agree to comply with the policy and procedures manual given to me by Cinco Christian School. I understand that by signing this statement, I am thereby held responsible for any and all information contained in said manual.
- 2) Cinco Christian School is authorized to act in my behalf if medical treatment is needed.
- 3) That above said child may be transported for field trips by Cinco Christian School.
- 4) All persons named on this form have the authority to remove my child from CCS with proper identification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Financial Contract For Summer Day Camp**

Agreement: I understand that summer day camp payments to Cinco Christian School are paid weekly, and that camp closings have been taken into consideration when setting these fees. I understand that summer day camp fees are due regardless of the number of days my child attends. I also understand the weekly payments are due in advance beginning the first day of summer day camp, and every Monday thereafter. A late fee of \$25.00 will be charged for any payment more than two weeks late. In addition, accounts that are two weeks delinquent will not be permitted to attend summer day camp until all fees are paid in full.

I further understand that there is a \$35.00 charge for all returned checks. When an account has received two returned checks, it will automatically be placed on a "cash" only status.

I understand that if I unenroll my child for any reason I may lose their spot.

I understand that late pick up charges will be applied when a child is called for later than dismissal time. ONE MINUTE AFTER CLOSING TIME IS LATE. There is a \$15.00 charge for the first ten minutes. After that, the charge is \$1 per minute. I agree that all drop in fees, \$35 a day, must be paid in advance of my child attending.

I, the undersigned, have reviewed this contract and do hereby agree to pay the charges and to abide by the stated terms and conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date