



VALLEY CHRISTIAN  
PRESCHOOL  
2017 SUMMER CAMP  
REGISTRATION

August 14-17    REPTILES, BUGS & MORE    9:00-NOON    Monday-Thursday

Child's name \_\_\_\_\_ Age \_\_\_\_\_ Boy or Girl \_\_\_\_\_

2nd child \_\_\_\_\_ Age \_\_\_\_\_ Boy or Girl \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phones: \_\_\_\_\_ cell \_\_\_\_\_ other #s \_\_\_\_\_

Parents' email \_\_\_\_\_

Info. we should know about your child (allergies, physical limitations, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Relative or friend to call if parents cannot be reached during camp:

Name \_\_\_\_\_ Phones \_\_\_\_\_

Consent:

I give my permission for my child to be transported by church bus as needed during this week. I hereby give my consent for emergency medical treatment, and authorize Valley Christian Preschool staff to call for an ambulance if necessary. I also agree to hold harmless Valley Christian Church, Valley Christian Preschool and their staffs from any liability, loss, cost, or expense that I may incur while my child participates in this summer program.

I understand that \$20 of my payment is non-refundable in the event my plans or schedules change, and my child is unable to attend this camp.

For office use: PAID \_\_\_\_\_ check \_\_\_\_\_ cash \_\_\_\_\_