



VALLEY CHRISTIAN
PRESCHOOL
2017 SUMMER CAMP
REGISTRATION

June 19-22

A COLORFUL
WEEK

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 _____