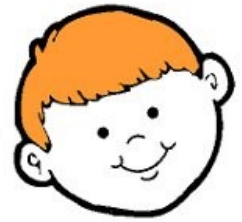




VALLEY CHRISTIAN  
PRESCHOOL  
2018 SUMMER CAMP  
REGISTRATION



June 18-21

GOING ON A  
SAFARI

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.)

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

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

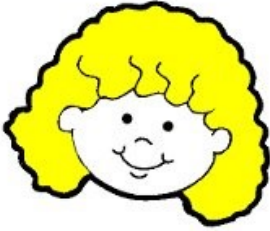
Consent:

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.

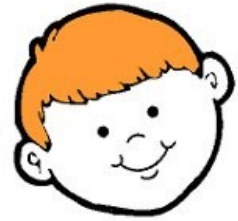
I understand that \$20 of my payment is non-refundable in the event my plans or schedules change, and my child is unable to attend this camp.

Signature of parent: \_\_\_\_\_ Date \_\_\_\_\_

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



# VALLEY CHRISTIAN PRESCHOOL 2018 SUMMER CAMP REGISTRATION



July 17-20

FUN IN THE  
SUN

9:00-NOON

Tuesday-Friday

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.)

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

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

Consent:

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.

Signature of parent: \_\_\_\_\_ Date \_\_\_\_\_

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