



REGISTRATION FORM

SUMMER CAMPS 2025

Student Information

Name _____
Date of Birth _____
Preferred E-Mail _____
Preferred Phone # _____
Street Address _____
City: _____ State: _____ Zip Code: _____
Gender _____

Parent Information

Mother's Name _____
Mother's Cell # _____
Father's Name _____
Father's Cell # _____

Please check which weeks and circle which days your child will attend.

There will be no modifications after you have made your selections (this is for employee staffing reasons).

_____ June 2nd / June 6th	M, T, W, Th, F	Dinosaurs
_____ June 9th / June 13th	M, T, W, Th, F	Space
_____ June 16th / June 20th	M, T, W, Th, F	Under the Sea
_____ June 23rd / June 27th	M, T, W, Th, F	Colors
_____ June 30th / July 2nd	M, T, W - -	Patriotic Week
_____ July 7th / July 11th	M, T, W, Th, F	Creepy Crawlies
_____ July 14th / July 18th	M, T, W, Th, F	Favorite Authors
_____ July 21 / July 25th	CENTER CLOSED	

Please check which times:

___ 8:30 am to 12:00 pm – Part Time
___ 8:30 am to 2:00 pm – Extended Day
___ 7:00 am to 5:30 pm – All Day

CAMP INFORMATION
SUMMER CAMPS 2025

Registration Fee \$30.00

Ages 3 to 5

Age Group Defined by Birthdates

2's & 3's	Birthdates between 9/1/21 – 8/31/22
3's & 4's	Birthdates between 9/1/20 – 8/31/21
4's & 5's	Birthdates between 9/1/19 – 8/31/20

Hours Available

8:30 am to 12:00 pm – Part Time

8:30 am to 2:00 pm – Extended Day

7:00 am to 5:30 pm – All Day

Tuition Rates

Tuition Rates are based on the child's age and weeks/days selected. Please refer to the tuition rate sheet.

FINANCIAL AGREEMENT

SUMMER CAMP 2025

Please Initial

Tuition is to be paid by the 5th of each month.

Once you have selected your days/weeks, **there will be no modifications.**

No discounts are given for illness or absence and there will be no make-up days.

We will email you an invoice showing the amount due for each month. This email will include a link to pay electronically (with a 1% fee charge). You may also pay by check or cash with no processing fee. Please make checks payable to "Family of Christ".

If a monthly payment has not been received by the fifth of the month, your account will be considered overdue, and a \$25 late fee will be assessed.

A \$25 fee will be assessed for any returned online payment or check.

Child's Name: _____

Email Address: _____

I understand and agree to the above financial policies.

Signature

Date