

Children's Education Center 2022 Summer Camp Registration Form

COMPLETE ONE REGISTRATION PACKET PER CHILD

Child's Full Name _____ Date of Birth ___/___/___

Child's Nickname: _____ Male ___ Female ___

CAMP SESSIONS:

Please indicate which camp sessions you are registering for. Please note that there are no partial sessions. Check as many boxes as apply. **Camps are conducted weekly at a rate of \$220.00 per session.**

- | | | | | |
|------------------------------------|-----------------|------------------------------------|------------|--|
| <input type="checkbox"/> Session 1 | May 31 – June 3 | <input type="checkbox"/> Session 6 | July 5-8 | *Camps will end on July 29th.
There will not be summer camps
in the month of August. |
| <input type="checkbox"/> Session 2 | June 6-10 | <input type="checkbox"/> Session 7 | July 11-15 | |
| <input type="checkbox"/> Session 3 | June 13-17 | <input type="checkbox"/> Session 8 | July 18-22 | |
| <input type="checkbox"/> Session 4 | June 20-24 | <input type="checkbox"/> Session 9 | July 25-29 | |
| <input type="checkbox"/> Session 5 | June 27-July 1 | | | |
- *we are closed July 4th

PAYMENT:

Camp Fees:

- | | | |
|---|-----------------------------------|--------------------------|
| <input type="checkbox"/> Camp Registration Fee | Required Fee | _____ \$100 _____ |
| <input type="checkbox"/> Tuition Fee (\$220 tuition per session) | \$220 x _____ (# of sessions) = | _____ |
| <input type="checkbox"/> Drop In Days – Session 11 (\$75 per day) | \$75 x _____ (#of drop-in days) = | _____ |
| | Total = | _____ |

***If camp tuition is paid in full by May 13th, 2022 a 10% discount will be given on session tuition fees.**

- A non-refundable fee of \$100 is due at registration.
- Summer Camps begin May 31st and end July 29, 2022.
- All CEC camp fees are due on the 1st of each month and will be considered late after the 5th. Late payments will result in a \$50.00 late fee.
- Children must be elementary age (Kindergarten graduate – completion of 4th grade).
- Summer Camp hours of operation are 6:30 am to 6:15 pm Monday through Friday.
- Camp tuition does not qualify for refunds.
- AM snack, PM snack and lunch will be served daily.

Parent/Guardian Signature

Date

Children's Education Center 2022 Summer Camp Emergency Form

Child's Full Name _____

Name child is called: _____ Birthday ____/____/____

Home Address _____ City _____ Zip _____

Home Phone: _____ Email: _____

Father's Name: _____ Work Phone: _____

Cell Phone: _____

Mother's Name: _____ Work Phone: _____

Cell Phone: _____

Is there a court order affecting the custody of this child? Yes No If yes, you must provide a copy of the court order signed by the presiding Judge. If no, please understand that both legal guardians/parents have equal access to the child and information.

In the event I cannot be reached for a medical emergency, I hereby authorize Christ Church to transport and to obtain treatment from:

Doctor: _____ Address _____ Phone: _____

Memorial Hermann Hospital-The Woodlands (281-364-2300) unless medical personnel specify another hospital, or _____

Name of Insurance

Company: _____

Insurance Phone: _____ Employer Name: _____

Policy #: _____ Group #: _____

When arriving at school/camp, a child must be left in the care of a staff member. A child will be released only to parents or to an adult designated in writing by the parent. A staff member must be aware of a child's departure. Please list persons who have your permission to pick up your child, and who could be contacted in case of an emergency if parents cannot be reached.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Parent/Guardian Signature

Date

Children's Education Center 2022 Summer Camp Medical Information Form

Health

Does your child have any: Respiratory problems Yes No
 Special Needs Yes No
 Skin Conditions Yes No

If yes to any of the above, please explain: _____

My child's medical release, vision/hearing screening and immunization records are on file at:

School Name: _____ District: _____

School Address: _____

School Phone Number: _____

Allergies

Does your child have allergies? Yes No **If yes, please complete the following section.**

My child has allergic reactions to:

Food Allergies Yes No **If yes, an Allergy Action Plan must be completed.**
 Insects Bites Yes No
 Medication Yes No

If yes, please give specific information and details regarding the allergy/allergies and reactions: _____

Does your child require a prescription epinephrine pen? Yes No

Does your child have any food sensitivities or dietary restrictions? Yes No

If yes, please give specific information and details: _____

Parent/Guardian Signature

Date

Children's Education Center 2022 Summer Camp Permission and Release Form

Please read and initial the following:

_____ Our Parent Handbook may be accessed via website at www.cc-um.org/tct/ . If you prefer a hard copy, you may request one from the administrative office. I acknowledge that I have read and understand the handbook.

_____ I acknowledge that I have read and understand The Children's Education Center Good Health Policy.

_____ I hereby release Christ Church United Methodist, all officers, directors, and staff from any liability in the event of an accident or injury occurring on the premises.

_____ Information Release: I hereby authorize The Children's Education Center to release our address and phone number for classroom purposes only.

_____ Photographic Permission: I authorize The Children's Education Center to photograph or videotape my child in school activities for classroom viewing, parent education events, local publicity or school websites.

_____ Water Activities: I authorize my child to participate in water activities such as sprinkler play and inflatable water slides.

_____ Special Events: I authorize my child to participate in special events at The Children's Education Center which include but not limited to petting zoo, Kona Ice, age appropriate movies, magic shows, and educational visits from approved age appropriate vendors.

_____ Food Items: I authorize The Children's Education Center to provide special food treats to my child throughout the school year. These items would be handed out in the classroom for birthdays, holiday parties and special events. Examples are: cupcakes, cookies, fruit, candies, cheese, crackers, juices, pretzels and chips.

_____ I will provide and authorize the application of sunscreen for my child.

_____ I will provide and authorize the application of bug repellent for my child.

_____ I will provide and authorize the application of topical ointment/lotion if needed.

Parent Signature

Date

Children's Education Center
Christ Church United Methodist

Background Authorization Form

Completion of this document authorizes The Children's Education Center of Christ Church United Methodist to process a State of Texas Background Check to provide access to the Watch Me Grow System/key fobs for your child's classroom. Please complete all fields. **Please print.**

Guardian 1

Last Name: _____ First Name: _____ Middle Name: _____

Sex: Male ___ Female ___ Social Security: _____ DOB: _____

Race: W, B, A, I, O Ethnicity: _____ (Hispanic/Non-Hispanic)

Place of Birth (State or Other Country): _____ Citizenship: _____

Driver's License: State: _____ Number: _____ Expiration Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Signature

Date

.....
Guardian 2

Last Name: _____ First Name: _____ Middle Name: _____

Sex: Male ___ Female ___ Social Security: _____ DOB: _____

Race: W, B, A, I, O Ethnicity: _____ (Hispanic/Non-Hispanic)

Place of Birth (State or Other Country): _____ Citizenship: _____

Driver's License: State: _____ Number: _____ Expiration Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Signature

Date