

CAMP WESTMINSTER 2009

REGISTRATION FORM

Please fill out a separate registration form for each child. A deposit for each child for each session must accompany form. All Session payments due by May 8, 2009. Please make checks payable to WPPK and clearly label with child's name and camp session. Extra forms are available in the office.

Registration opens to non-school families beginning April 20, 2009

CAMPER INFORMATION: Class for Fall 2009: _____

Name of "Child" _____ Date of Birth _____, 20__.

PARENT INFORMATION:

1. Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ Zip _____ Email _____ Work Phone _____

2. Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ Zip _____ Email _____ Work Phone _____

Is your child independent with toileting? Fully No

Session	Class	Deposit	Balance	Paid in Full
Session 1 – June 15 – 19				
Session 2 – June 22 - 26				
Session 3 – July 13 - 17				
Session 4 – July 20 - 24				
Session 5 – July 27 - 31				
TOTAL				

FEES

- **9:00 -12:00** class fee is **\$170.00** per week (ages 2½ -3½) **9:00 - 2:00** class fee is **\$260.00** per week
- A nonrefundable deposit of \$100.00 per child per session is necessary to reserve a place for your child.
- The balance of Class Fee is due May 8 2009.
- No Refund of Deposits will be made. The balance of a pre-paid Class Fee will be refunded if requested in writing two weeks prior to the first day of the session in which your child is enrolled **AND** we can fill that space with another camper,
- There are no refunds for missed days.
- There are no refunds once the weekly session begins.

Individuals authorized to release child to:

Name: _____ Phone: _____ Dr. License # _____

Name: _____ Phone: _____ Dr. License # _____

Name: _____ Phone: _____ Dr. License # _____

Parent Signature Authorization: _____

OVER

Child _____

Date: _____, 20____

EMERGENCY MEDICAL AUTHORIZATION

I (we), (Full Name) _____

the parent(s) or legal guardian(s) of the "Child" identified below, request, AGREE, AUTHORIZE AND GIVE APPROVAL that in case an injury to the child occurs at Westminster Presbyterian Preschool and Kindergarten ("WPPK"), or at a WPPK school or camp related activity, and in the event that I(we) cannot readily be reached or if time is too critical to attempt to reach me(us) that the child be taken for emergency care to either the family physician indicated below OR such other emergency medical services provider at the discretion of WPPK personnel. I(we) further authorize the emergency medical services provider and any attending physicians to perform any and all diagnostic procedures and/or treatments required. Please list contacts in addition to parents.

Child's Full Name "Child"		Date of Birth
Emergency Contact 1 - Full Name Relationship:	Address	Phones: Home: Work: Cell:
Emergency Contact 2 - Full Name Relationship:	Address	Phones: Home: Work: Cell:
Family Physician	Family Physician Phone	Family Physician Address
Allergies of child (food, medicine, etc.)	Guarantor's Insurance Company	Group or Employer
	Group Number	Insurance Contact Number
Other information		

Attach copy of insurance card: _____

Attach copy of Drivers License: _____

Signature

Signature

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20____.

NOTARY PUBLIC, STATE OF TEXAS

My Commission expires: _____, 20____

SEAL