



TRINITY UCC PRESCHOOL - 2024 SUMMER CAMPS REGISTRATION & INFORMATION FORM

\$75/camper, sibling discount of \$20 off

CAMP REGISTRATION INFORMATION:		
Registration for:	<input type="checkbox"/> Space Quest Camp June 10-14	<input type="checkbox"/> Color Me Crazy Camp July 8-12
	<input type="checkbox"/> Ocean Explorers Camp August 12-16	
CAMPER'S INFORMATION:		
Name (First, Middle, Last)		
Gender	Date of Birth	Current Age
Home Address		City, State, Zip Code
PLEASE PRINT CLEARLY:	PARENT / GUARDIAN:	PARENT / GUARDIAN:
Name (First & Last)		
Home Address <i>(if different from above)</i>		
City, State, Zip Code		
Home Phone Number		
Cell Phone Number		
Work Phone Number		
Employer		
Employer's Address		
Email Address		
HEALTH INFORMATION: Complete information required. Blank spaces considered N/A.		
Health Insurance	Group/Policy/ID #	
Medical Care Provider	Phone Number	
Address	Hospital	
Allergies		
Medications		
Health Concerns		
Medical Instruction in an Emergency		
Certification regulations require signatures after the following statements:		SIGNATURE
I give my consent for TUCCP to administer minor first aid procedures to my child.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
I give my consent for TUCCP to transport and to obtain emergency medical care for my child.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
I give my consent for my child to <input type="checkbox"/> go on walks <input type="checkbox"/> play outside	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Emergency Contact Information: In the event we are unable to contact listed Parents/Guardians.

Emergency Contact	Authorized Pick Up	Name (if parents/guardians cannot be reached)	Relationship	Phone/Cell Phone
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

**Adults listed above will be required to show a photo ID to the Camp Director before camper will be released.*

PLEASE READ CAREFULLY AND INITIAL:

<i>Initial</i>	A separate registration form must be completed for each child.
<i>Initial</i>	Only one registration form needs to be completed for a child who will be attending multiple camps. Check all camps on Page 1 that your child will be attending.
<i>Initial</i>	Payment in full is due two weeks prior to each camp start date. Cost of each camp is \$75.00. Sibling discounted rate is \$55.00. Checks can be made payable to Trinity UCC Preschool . Please mark your child(ren)'s name on the memo line. An additional fee of \$25.00 will be charged for any checks returned from the bank for insufficient funds.
<i>Initial</i>	PHOTO RELEASE: I authorize Trinity UCC Preschool to capture, use, publish, and reproduce photographs, slides, moving pictures, or video for its records, public relations programs, social media, and promotional purposes.
<i>Initial</i>	I HAVE READ THE REGISTRATION MATERIALS. I ACCEPT RESPONSIBILITY FOR THIS CHILD'S FULL TUITION AND UNDERSTAND THAT ALL CAMP FEES MUST BE PAID IN ADVANCE OF ATTENDANCE.
Signature of Parent or Guardian	Printed Name of Parent or Guardian
	Date

Send registration form and fee to:

**Trinity UCC Preschool
ATTN: Preschool Camp Director
200 East Market Street
Hallam, PA 17406-1106**

OFFICE USE ONLY

Sibling Discount Rate Applies - \$55.00 per Camp

Sibling's Name: _____

Space Quest Camp, June 10-14

Date Rec'd: _____ Amount Paid \$ _____ by: Cash ___ or Check # _____

Color Me Crazy Camp, July 8-12

Date Rec'd: _____ Amount Paid \$ _____ by: Cash ___ or Check # _____

Ocean Explorers Camp, August 12-16

Date Rec'd: _____ Amount Paid \$ _____ by: Cash ___ or Check # _____