

TRINITY UCC PRESCHOOL - 2025 SUMMER CAMPS REGISTRATION & INFORMATION FORM

****Sibling discount rate is \$5 off per sibling****

Trinity UCC Preschool Member Price: \$85 per camper/week

General Public Price: \$100 per camper/week

CAMP REGISTRATION INFORMATION:		
Registration for:	<input type="checkbox"/> Jungle Safari, June 23-27 (9:00am-12:00pm) <input type="checkbox"/> Adventure Camp, July 21-25 (9:00am- 12:00pm)	
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:		Initials
<i>I give my consent for TUCCP to administer minor first aid procedures to my child.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>I give my consent for TUCCP to transport and to obtain emergency medical care for my child.</i>	<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>	A 50% deposit per camp is due at time of registration. Deposits are applied to each camp's balance
<i>Initial</i>	Balance is due two weeks prior to the camp start date (payment in full date).
<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

**Registration form and fee should be sent to: Trinity UCC Preschool
ATTN: Preschool Director
200 East Market Street
Hallam, PA 17406-1106**

OFFICE USE ONLY

Jungle Safari - June 23-27

DATE FORM & DEPOSIT REC'D _____ **Paid by: Cash** _____ **or Check #** _____

DATE BALANCE REC'D: _____ **Paid by: Cash** _____ **or Check #** _____

Adventure Camp - July 21-25

DATE FORM & DEPOSIT REC'D _____ **Paid by: Cash** _____ **or Check #** _____

DATE BALANCE REC'D: _____ **Paid by: Cash** _____ **or Check #** _____