

TRINITY UCC PRESCHOOL - 2026 SUMMER CAMP REGISTRATION FORM

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

Trinity UCC Preschool Member Price: \$100 per camper/week

General Public Price: \$125 per camper/week

CAMP REGISTRATION INFORMATION:			
Registration for:	Wild West Wrangler Camp: June 22nd - 26th (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>	YES	NO	
<i>I give my consent for TUCCP to transport and to obtain emergency medical care for my child.</i>	YES	NO	
<i>I give my consent for my child to € go on walks € play outside</i>	YES	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

***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 in order to hold the child's spot. Deposits are applied to each camp's balance.	
<i>Initial</i>	Balance is due two weeks prior to the camp start date (Monday, June 8th, 2026).	
<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	
Wild West Wrangler Camp - June 22nd - 26th	
DATE FORM & DEPOSIT REC'D _____	Paid by: Cash _____ or Check # _____
DATE BALANCE REC'D: _____	Paid by: Cash _____ or Check # _____