

BRETHREN IN CHRIST PRESCHOOL DAYCAMP
SUMMER APPLICATION 2024

845 W. Arrow Hwy
Upland, Ca. 91786
(909) 981-4333

For office use only
Reg. Fee Pd. _____
Class _____

CHILD'S NAME: _____ Birthdate: _____ Age: _____

Does child go by a nickname? _____ Male or Female _____ Potty Trained? Yes or No _____

ADDRESS: _____

CITY, STATE & ZIP: _____ TELEPHONE: _____

FATHER'S NAME: _____ TELEPHONE: _____

Place of Employment, City: _____

Business Phone: _____ Cell Phone: _____

MOTHER'S NAME: _____ TELEPHONE: _____

Place of Employment, City: _____

Business Phone: _____ Cell Phone: _____

Marital Status of Child's Parents: ___ Married ___ Separated ___ Divorced ___ Other

Email Address: _____ For Online Billing/ School Notifications

Referred by a previous Summer Day camp family? If so, by who? _____

Please select what days you need. If your child is attending a week it must be at least for 2 days.

Week 1 June 10-14 <input type="checkbox"/> All Week <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Week 2 June 17-21 <input type="checkbox"/> All Week <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday Closed for Juneteenth <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Week 3 June 24 -June 28 <input type="checkbox"/> All Week <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Week 4 July 1-5 <input type="checkbox"/> All Week <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday Closed for 4th <input type="checkbox"/> Friday	Week 5 July 8-12 <input type="checkbox"/> All Week <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Week 6 July 15-19 <input type="checkbox"/> All Week <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Week 7 July 22-26 <input type="checkbox"/> All Week <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Week 8 July 29-Aug 2 <input type="checkbox"/> All Week <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Week 9 August 5-9 <input type="checkbox"/> All Week <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Half Day (8:30-12:30) <input type="checkbox"/> Full Day (6:30-6:00)

<p><u>PAYMENT TUITION AGREEMENT</u> I AGREE TO PAY <u>TUITION BI-WEEKLY</u> ON THE FIRST DAY MY CHILD ATTENDS CAMP AND I UNDERSTAND THERE IS <u>NO CREDIT</u> FOR SICK DAYS. TUITION IS BILLED OUT IN 2 WEEK BLOCKS. IF THERE IS ANY CHANGES TO THE ABOVE SCHEDULE I AGREE TO NOTIFY THE OFFICE <u>ON A CHANGE OF NOTICE FORM TWO WEEKS IN ADVANCE</u> OR I UNDERSTAND I AM RESPONSIBLE TO PAY FOR THE DAYS I REGISTERED MY CHILD TO ATTEND CAMP. REGISTRATION FEE'S ARE NON-REFUNDABLE. DATE: _____ PLEASE READ AGREEMENT & SIGN: _____</p>
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****PLEASE COMPLETE OTHER SIDE**

Doctor's Name: _____ Phone: _____

Health History:

Does your child have any of the following health problems?

- a. Operations or serious injuries (dates) _____
- b. Chronic or recurring illness _____
- c. Recent broken bones _____
- d. Asthma _____
- e. Hay Fever _____
- f. Seizures _____
- g. Diabetes _____

Other physical conditions or diseases _____

Does your child have any drug or other allergies? _____

Medications child takes (If taken at day camp a Medication Release Form must be filled out and given to the office)

ADDITIONAL PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

NAME	Phone	Relationship to Student
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I give my consent for my child to participate in supervised day camp activities (on or off campus). I hereby authorize Brethren In Christ Community Day Camp to call an emergency ambulance and/or arrange for necessary emergency medical and surgical care in case I am not immediately available. In agreeing to participation by my child in this program, I do waive any claim against Brethren In Christ Church, Upland, Ca. And hold the church harmless of any liability in the event of any injury to my said minor occurring during the above-mentioned activity. I also personally accept full responsibility in event of any injury to my minor.

Date: _____ Signature: _____