

BRETHREN IN CHRIST PRESCHOOL DAYCAMP
SUMMER APPLICATION 2025

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 9-13

☐ All Week

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

Week 2

June 16-20

☐ All Week

☐ Monday

☐ Tuesday

☐ Wednesday

Closed for Juneteenth

☐ Friday

Week 3

June 23-27

☐ All Week

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

Week 4

June 30-July 4

☐ All Week

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

Closed for 4th

Week 5

July 7-11

☐ All Week

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

Week 6

July 14-18

☐ All Week

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

Week 7

July 21-25

☐ All Week

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

Week 8

July 28-Aug. 1

☐ All Week

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

Week 9

August 4-8

☐ All Week

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

☐ Half Day (8:30-12:30)

☐ Full Day (6:30-6:00)

PAYMENT TUITION AGREEMENT

I AGREE TO PAY **TUITION BI-WEEKLY** ON THE FIRST DAY MY CHILD ATTENDS CAMP AND I UNDERSTAND THERE IS **NO CREDIT** 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 **ON A CHANGE OF NOTICE FORM TWO WEEKS IN ADVANCE** 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: _____

****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 _____ f. Seizures _____

c. Recent broken bones _____ g. Diabetes _____

d. Asthma _____

e. Hay Fever _____

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

<u>NAME</u>	<u>Phone</u>	<u>Relationship to Student</u>
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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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: _____