

New Kent Christian School Summer Camp Registration Form

STUDENT INFORMATION

Student Name _____ Preferred Name _____
Address _____ Zip _____
Date of Birth _____ Age _____ Gender _____
School Currently Attending _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____
Cell Phone _____ Work Phone _____
Email _____
Additional Parent/Guardian Name _____
Cell Phone _____ Work Phone _____
Email _____

TRANSPORTATION AUTHORIZATION

Name and phone number of persons other than parent(s)/guardian(s) allowed to pick up your child:

1. _____ Phone: _____
2. _____ Phone: _____

EMERGENCY AND MEDICAL INFORMATION

Emergency Contact _____ Relationship _____
Phone _____ Additional Phone _____

Please list any allergies or medical conditions:

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AGREEMENT

The parent or guardian authorizes NKCS to obtain immediate medical care if any emergency occurs when the parent or guardian cannot be contacted/located immediately.

TERMS AND CONDITIONS

- A. Applications are made to the governing authority of NKCS which reserves the right to accept or reject any application.
- B. NKCS admits students of any race, color, or national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students of the school. NKCS does not discriminate on the basis of race, color, or national and ethnic origin in administration of its educational policies.
- C. Applicants agree to abide by all school policies, rules and regulations, including provisions for dress codes and discipline.
- D. Applicants agree that their students will receive instruction in the Christian Faith and understand that the school will endeavor to be guided by a Christian worldview in all of its programs and activities.
- E. Students are enrolled for the week(s) that the parent or guardian selects. The parent or guardian is financially responsible for the week(s) that is(are) marked. If a change needs to be made, a two-weeks advance notice must be given otherwise a \$50.00 cancellation fee will be applied. Payment is due on the Wednesday prior to the first day of camp.
- F. A non-refundable \$50.00 registration fee must be submitted with this Student Registration form.

Parent/Guardian Signature _____ Date _____

REGISTRATION FEE

Please check one:

- Cash or check included (checks made payable to NKCS)
- Send invoice for electronic payment (due upon receipt) – Account in QuickSchools will need to be setup.

WEEKS ATTENDING, 9 AM – 3 PM: Please check all weeks your child will be attending.

- | | |
|---|---|
| <input type="checkbox"/> WEEK 1: June 5 - 9 | <input type="checkbox"/> WEEK 6: July 10 - 14 |
| <input type="checkbox"/> WEEK 2: June 12 - 16 | <input type="checkbox"/> WEEK 7: July 17 - 21 |
| <input type="checkbox"/> WEEK 3: June 19 - 23 | <input type="checkbox"/> WEEK 8: July 24 - 28 |
| <input type="checkbox"/> WEEK 4: June 26 - 30 | <input type="checkbox"/> WEEK 9: July 31 – August 4 |
| <input type="checkbox"/> WEEK 5: July 3, 5-7 | <input type="checkbox"/> WEEK 10: August 7 – 11 |

SUMMER CAMP AFTER CARE (IF APPLICABLE), 3 – 5 PM

- | | |
|---|---|
| <input type="checkbox"/> WEEK 1: June 5 - 9 | <input type="checkbox"/> WEEK 6: July 10 - 14 |
| <input type="checkbox"/> WEEK 2: June 12 - 16 | <input type="checkbox"/> WEEK 7: July 17 - 21 |
| <input type="checkbox"/> WEEK 3: June 19 - 23 | <input type="checkbox"/> WEEK 8: July 24 - 28 |
| <input type="checkbox"/> WEEK 4: June 26 - 30 | <input type="checkbox"/> WEEK 9: July 31 – August 4 |
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