

# Santa Rosa Christian School Summer Camp

50 Mark West Springs Road • Santa Rosa, CA 95403 • (707) 542-6414

## Registration Form.

One form per child. Please print.

Child's Name: \_\_\_\_\_ Grade Completed \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female T-Shirt Size: YXS /YS /YM /YL /AM /AL

Parent(s)' Name(s) : \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Please circle the camp dates and times desired:

Week 1: June 8 <sup>th</sup> -June 12 <sup>th</sup>	All Day 9am-3:30pm / Morning 9am-11:30am /Afternoon 12pm-3:30pm
Week 2: June 15 <sup>th</sup> - June 19 <sup>th</sup>	All Day 9am-3:30pm / Morning 9am-11:30am /Afternoon 12pm-3:30pm
Week 3: June 22 <sup>nd</sup> -June 26 <sup>th</sup>	All Day 9am-3:30pm / Morning 9am-11:30am /Afternoon 12pm-3:30pm
Week 4: June 29 <sup>th</sup> - July 2 <sup>nd</sup>	All Day 9am-3:30pm / Morning 9am-11:30am /Afternoon 12pm-3:30pm
Week 5: July 6 <sup>th</sup> - July 10 <sup>th</sup>	All Day 9am-3:30pm / Morning 9am-11:30am /Afternoon 12pm-3:30pm
Week 6: July 13 <sup>th</sup> - July 17 <sup>th</sup>	All Day 9am-3:30pm / Morning 9am-11:30am /Afternoon 12pm-3:30pm
Week 7: July 20 <sup>th</sup> - July 24 <sup>th</sup>	All Day 9am-3:30pm / Morning 9am-11:30am /Afternoon 12pm-3:30pm
Week 8: July 27 <sup>th</sup> - July 31 <sup>st</sup>	All Day 9am-3:30pm / Morning 9am-11:30am /Afternoon 12pm-3:30pm
Week 9: Aug. 3 <sup>rd</sup> - Aug. 7 <sup>th</sup>	All Day 9am-3:30pm / Morning 9am-11:30am /Afternoon 12pm-3:30pm
Week10: Aug. 10 <sup>th</sup> - Aug. 14 <sup>th</sup>	All Day 9am-3:30pm / Morning 9am-11:30am /Afternoon 12pm-3:30pm

## Camp Costs Per Week:

All Day Camp: \$175 first child  
(\$150 second child, \$125 third child, \$100 fourth child)  
Morning Camp: \$100 first child  
(\$75 second child, \$50 third child, \$50 fourth child)  
Afternoon Camp: \$125 first child  
(\$100 second child, \$75 third child, \$50 fourth child)

## Before & After Camp Care Costs:

7:30am- 9am & 3:30pm- 5pm  
\$8hr per child (\$2 per 15minutes)  
\$6hr per child (if prepaid for the week)

## Amount Due:

Weekly All Day Camp Fees: \$ \_\_\_\_\_ x \_\_\_\_\_ number of weeks = Total \$ \_\_\_\_\_

All Day 10 weeks for the price of 8: \_\_\_\_\_ = Total \$1,400. 00

Weekly Morning ONLY Camp Fees: \$ \_\_\_\_\_ x \_\_\_\_\_ number of weeks = Total \$ \_\_\_\_\_

Weekly Afternoon ONLY Camp Fees: \$ \_\_\_\_\_ x \_\_\_\_\_ number of weeks = Total \$ \_\_\_\_\_

Prepay Before & After Care Fees: \$6.00 an hour x \_\_\_\_\_ number of hours = Total \$ \_\_\_\_\_

*Please make checks payable to: Santa Rosa Christian School.* Grand Total = \$ \_\_\_\_\_

*Drop off or mail to: SRCS 50 Mark West Springs Road • Santa Rosa, CA 95403*

## **Emergency Information/Permission for Treatment**

Camper Name: \_\_\_\_\_  
Mother \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Father \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Office Phone \_\_\_\_\_  
Physician's Office Address \_\_\_\_\_  
Medical Insurance \_\_\_\_\_ Group/ID # \_\_\_\_\_

### **Medical Release: To Whom It May Concern:**

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

I give permission for my child to go on field trips. I release Santa Rosa Christian School and individuals from liability in case of accident during activities related to Santa Rosa Christian School, as long as normal safety procedures have been taken.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

### **Authorization to Pick Up Child:**

Please list below three individuals to serve as alternate contacts for pick up of your child. The camp closes at 5:00 pm. If the staff has not heard from the parent(s), an alternate contact person will be called to pick up your child.

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

### **Allergies and/or Chronic Illnesses:**

Please list any know allergies and/ or illnesses the camp needs to be made aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_