

**Trinity Pre-K Summer Camp 2017**  
**3 year olds-5 year olds (ages as of 8/31/17)**  
**9:00-12:30pm (Pack a peanut-free lunch!)**  
**\$65.00 per week Monday-Thursday**

**A one-time \$10.00 Registration Fee (non-refundable) for 1 week, 2 weeks or all 3 weeks \***

**Registration due by May 15, 2017. Must have at least 10 children each week to hold camps. (\*registration fee will be refunded only if all your camp choices are cancelled)**

**Camp Tuition is due one week before camp week begins  
(may be paid at Church or Pre-K office, or mailed to Church).**

\_\_\_\_\_ June 5-8 Insects & Butterflies      \_\_\_\_\_ June 19-22 Camping

\_\_\_\_\_ July 17-20 Zoo Theme

Child's Name: \_\_\_\_\_ Sex: Boy Girl

Age of Child (as of 8/31/17) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

Getting to Know Your Child:

Is there anything we need to know about your child to support them?

Does your child have allergies, asthma, or any medical condition?

Emergency Contact Information (if we cannot reach Mom/Dad):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

I give permission to release my child to: (names & phone numbers):

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Medical Release: (in case you cannot be reached immediately):

"I authorize Trinity UMC Pre-K Staff to provide necessary medical treatment for the good of my child until my agents or medical personnel arrive."

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_