

For Office Use Only: Camp Week: **1 2 3** Camp Leader _____

Birthdate: _____ Age as of August 31, 2021: _____ Age Group: _____

Cash/Check # _____ Amount Paid \$ _____



MPCPC SUMMER CAMP REGISTRATION FORM—2021

SELECT THE CORRECT MPCPC CAMP(S) FOR YOUR CAMPER BY PLACING AN "X" ON THE CORRECT LINE(S):

Rising 2-year-old Camper (*2-year-old as of August 31, 2021*):

- _____ Week 1: Under the Sea
- _____ Week 2: Let's Go on an Adventure
- _____ Week 3: Let's Go Camping

Rising 3-year-old Camper (*3-year-old as of August 31, 2021*):

- _____ Week 1: Under the Sea
- _____ Week 2: Let's Go on an Adventure
- _____ Week 3: Let's Go Camping

Rising Pre-K Camper (*4-year-old as of August 31, 2021*):

- _____ Week 1: Under the Sea
- _____ Week 2: Let's Go on an Adventure
- _____ Week 3: Let's Go Camping

Rising Kindergartner Camper (*5-year-old as of August 31, 2021*):

- _____ Week 1: Under the Sea
- _____ Week 2: Let's Go on an Adventure

Dates for Camp Weeks:

- Week 1: June 7 – 10
- Week 2: June 14 – 17
- Week 3: June 21 – 24

***Please note the following:**

- The cost for each camp is \$125.00 per camper and must be paid at time of registration.
- The following must be submitted with your registration form for your camper's registration to be complete:
 - Check or money order, payable to "MPCPC", with your camper's first and last name in the memo section.
 - Copy of Birth Certificate or Passport (*if not already on file in the Preschool office*).
 - Medical Health Statement with Immunization Record (*if not already on file in the Preschool office*).
 - MPCPC Summer Camp Photo/Video/Media Release
 - MPCPC Summer Camp Medical Release

Please PRINT clearly:

Camper's Name: _____

First

Last

Camper's First Name to be used at MPCPC's Summer Camps: _____

Camper's Date of Birth: _____ Gender: Please circle: GIRL BOY

Month

Day

Year

Address: _____

City: _____ State: _____ Zip code: _____

Home telephone number: _____

Name of Mother or Guardian: _____

Phone: (W) _____ (C) _____ Email: _____

Name of Father or Guardian: _____

Phone: (W) _____ (C) _____ Email: _____

Parent's Marital Status: Married _____ Separated _____ Divorced _____ Other _____

Custody/Visiting Arrangements: *If there are special circumstances and/or court mandates, please submit a copy to the Preschool Director or Administrative Assistant.* _____

List your camper's siblings and their ages: _____

What is the primary language spoken in your home? _____

Does your camper have any allergies or dietary restrictions? ___ No ___ Yes If yes, please list: _____

Does your camper have any special physical, emotional, or behavioral challenges or needs? ___ No ___ Yes
If yes, please list: _____

PERSONS AUTHORIZED TO PICK UP YOUR CAMPER AT MCPCP SUMMER CAMPS:

(DO NOT list parent/guardians. Please list person's name as it appears on his/her identification.)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

EMERGENCY CONTACTS FOR YOUR CAMPER—*Must be a MINIMUM of 2 ENGLISH-SPEAKING PERSONS:*

(DO NOT list parents/guardians. These will be contacted if we cannot reach the camper's parents/guardians in an emergency.)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

By signing this registration form, I agree to the following:

- I understand that all camp fees are non-refundable.
- A service charge of \$35.00 will be charged for any returned check.
- I agree to abide by all the preschool's policies and procedures that can be viewed in the on-line 2020-2021 MCPCP Parent Handbook on our website: www.mallardcreekchurch.org.

DATE: _____ PARENT/GUARDIAN SIGNATURE: _____