



# APPLICATION FOR SUMMER CAMP ENROLLMENT

(Revised 2/20/13)

Single Registration \$35  
Family Registration \$55

Program enrolled in: \_\_\_\_\_

Application Date \_\_\_\_\_ Referred by \_\_\_\_\_ Completed Grade & Age \_\_\_\_\_

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_

Do you attend church? \_\_\_\_\_ If so, which church \_\_\_\_\_

	MOTHER		FATHER
<b>Name</b>		<b>Name</b>	
<b>Home Phone</b>	( )	<b>Home Phone</b>	( )
<b>Cell Phone</b>	( )	<b>Cell Phone</b>	( )
<b>Home Address</b>		<b>Home Address</b>	
<b>E-mail Address</b>		<b>E-mail Address</b>	
	<b>Mother's Work</b>		<b>Father's Work</b>
<b>Name of Business</b>		<b>Name of Business</b>	
<b>Business Phone</b>	( )	<b>Business Phone</b>	( )
<b>Business Address</b>		<b>Business Address</b>	

Please list below persons authorized to pick up your child and or contact in case of emergency if neither parent is available to assume responsibility for your child. *If you have additional names, please provide them on a separate sheet of paper and attach*			
<b>Name of Contact #1</b>		<b>Name of Contact #2</b>	
<b>Phone</b>	( )	<b>Phone</b>	( )
<b>Cell Phone</b>	( )	<b>Cell Phone</b>	( )
<b>Home Address</b>		<b>Home Address</b>	
<b>Relationship to child</b>		<b>Relationship to child</b>	

<b>Child's Doctor</b>	
<b>Phone</b>	( )
C U S T O D	Name of persons PROHIBITED from picking up the child: _____ If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of the appropriate court order.

Y	
E M E R G E N C Y	<p>I have completed the medical emergency form which authorizes the center to seek emergency medical care for my child as deemed by the director, or director's designee.</p> <p>Parent's Initials: _____</p>
W A L K S	<p>_____ I give permission for my child to participate in walking trips within the center's neighborhood.          _____ I do not give permission for my child to participate in walking trips within the center's neighborhood.</p> <p>Parent's Initials: _____</p>
T O I L E T	<p style="text-align: center;"><b>PRESCHOOL ONLY</b></p> <p>Please check the one that applies to your child:</p> <p>_____ My child is toilet trained (Stays dry on a regular basis)</p> <p>_____ My child is almost there (Still has consistent accidents, but is attempting to use the potty)</p> <p>_____ My child is not toilet trained (Still in diapers/pull-ups and doesn't show an interest in potty training)</p>
H O U R S	<p>I understand that TLC is open from 6:30am-6:00pm* daily unless otherwise noted and I agree to drop off no earlier than 6:30am and pick-up no later than 6:00pm (full time care only). In an effort to make sure we have the adequate staff available during the times needed, please fill out your pick-up and drop-off times below. We ask that you please maintain the hours indicated and if a change takes place please notify the office of this change ASAP.</p> <p>*Opening and closing times may change based on enrollment needs</p> <p>Drop off _____ Pick up _____</p> <p>Parent's Initials: _____</p>
P O L I C I E S	<p><b>I (we) attest that all of the information on this application is accurate, and that I (we) have received the following information for my (our) home records:</b></p> <p>1. Information to Parent's Document (with registration information – please keep for your records) _____ Yes _____ No</p> <p>2. Policy on the Release of Children (in Parent Handbook) _____ Yes _____ No</p> <p>3. Philosophy of Discipline (in Parent Handbook) _____ Yes _____ No</p> <p>4. Policy on the Management of Illnesses/Communicable Diseases (in Parent Handbook) _____ Yes _____ No</p> <p>Parent's Signature _____ Date _____</p>
T U I T I O N	<p><b>I (we) attest that I (we) have read and agree to the payment policy of TLC as stated in the handbook and agree to pay my (our) tuition payment on time. I (we) understand that failure to pay tuition on the due date will result in my (our) child not being able to return to TLC until the balance is paid in full.</b></p> <p>Parent's Signature _____ Date _____</p>

**PLEASE FILL OUT EACH WEEK THAT YOU WANT YOUR CHILD/CHILDREN TO ATTEND**

Child #1: \_\_\_\_\_ Age & Grade Completed \_\_\_\_\_ Shirt: cXS cS cM cL aS aM aL  
 \*One (1) free t-shirt with registration. Additional t-shirts are \$7.50 each. Total # of t-shirts \_\_\_\_\_

**Full or Partial Day (Please Circle)**

You must enroll your child by weeks. Please put an "X" below for the weeks you are registering for & circle the days you desire your child to attend:

____ Week 1: June 20 <sup>th</sup> - June 23 <sup>rd</sup>	<b>Theme: ANIMATION</b>	--- T W R F
____ Week 2: June 26 <sup>th</sup> - June 30 <sup>th</sup>	<b>Theme: WESTERN</b>	M T W R F
____ Week 3: July 3 <sup>rd</sup> - July 7 <sup>th</sup> (closed 4 <sup>th</sup> )	<b>Theme: ACTION</b>	M --- W R F
____ Week 4: July 10 <sup>th</sup> - July 14 <sup>th</sup>	<b>Theme: MUSICAL</b>	M T W R F
____ Week 5: July 17 <sup>th</sup> - July 21 <sup>st</sup>	<b>Theme: SPORTS</b>	M T W R F
____ Week 6: July 24 <sup>th</sup> - July 28 <sup>th</sup>	<b>Theme: SCI-FI</b>	M T W R F
____ Week 7: July 31 <sup>st</sup> - August 4 <sup>th</sup>	<b>Theme: MYSTERY</b>	M T W R F
____ Week 8: August 7 <sup>th</sup> - August 11 <sup>th</sup>	<b>Theme: COMEDY</b>	M T W R F
____ Week 9: August 14 <sup>th</sup> - August 18 <sup>th</sup>	<b>Theme: HORROR</b>	M T W R F
____ Week 10: August 21 <sup>st</sup> - August 25 <sup>th</sup>	<b>Theme: DRAMA</b>	M T W R F

Child #2: \_\_\_\_\_ Age & Grade Completed \_\_\_\_\_ Shirt: cXS cS cM cL aS aM aL  
 \*One (1) free t-shirt with registration. Additional t-shirts are \$7.50 each. Total # of t-shirts \_\_\_\_\_

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____ Week 10: August 21 <sup>st</sup> - August 25 <sup>th</sup>	<b>Theme: DRAMA</b>	M T W R F

Child #3: \_\_\_\_\_ Age & Grade Completed \_\_\_\_\_ Shirt: cXS cS cM cL aS aM aL  
 One (1) free t-shirt with registration. Additional t-shirts are \$7.50 each. Total # of t-shirts \_\_\_\_\_

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____ Week 2: June 26 <sup>th</sup> - June 30 <sup>th</sup>	<b>Theme: WESTERN</b>	M T W R F
____ Week 3: July 3 <sup>rd</sup> - 7 <sup>th</sup> (closed 4 <sup>th</sup> )	<b>Theme: ACTION</b>	M --- W R F
____ Week 4: July 10 <sup>th</sup> - July 14 <sup>th</sup>	<b>Theme: MUSICAL</b>	M T W R F
____ Week 5: July 17 <sup>th</sup> - July 21 <sup>st</sup>	<b>Theme: SPORTS</b>	M T W R F
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____ Week 10: August 21 <sup>st</sup> - August 25 <sup>th</sup>	<b>Theme: DRAMA</b>	M T W R F

Total amount enclosed: \$ \_\_\_\_\_ (registration and additional t-shirts order)

Registrations are non-refundable

Make checks payable to: Trinity Learning Center

Mail Registration to: Trinity Learning Center, 351 N. Delsea Drive, Clayton, NJ 08312