



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 |
|------------------|---------------|------------------|---------------|
| Name | | Name | |
| Home Phone | () | Home Phone | () |
| Cell Phone | () | Cell Phone | () |
| Home Address | | Home Address | |
| E-mail Address | | E-mail Address | |
| | Mother's Work | | Father's Work |
| Name of Business | | Name of Business | |
| Business Phone | () | Business Phone | () |
| Business Address | | Business Address | |

| 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* | | | |
|--|--------|-----------------------|--------|
| Name of Contact #1 | | Name of Contact #2 | |
| Phone | () | Phone | () |
| Cell Phone | () | Cell Phone | () |
| Home Address | | Home Address | |
| Relationship to child | | Relationship to child | |

| | |
|----------------|--------|
| Child's Doctor | |
| Phone | () |

| | |
|---|---|
| C U S T O D I A N | 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. |
| E M E R G E N C Y | 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. Parent's Initials: _____ |
| W A L K I N G | ____ 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. Parent's Initials: _____ |
| T O I L E T T R I N G | PRESCHOOL ONLY Please check the one that applies to your child: ____ My child is toilet trained (Stays dry on a regular basis) ____ My child is almost there (Still has consistent accidents, but is attempting to use the potty) ____ My child is not toilet trained (Still in diapers/pull-ups and doesn't show an interest in potty training) |
| H O U R S | 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. *Opening and closing times may change based on enrollment needs Drop off _____ Pick up _____ Parent's Initials: _____ |
| P O L I C I E S | 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: 1. Information to Parent's Document (with registration information – please keep for your records) ____ Yes ____ No 2. Policy on the Release of Children (in Parent Handbook) ____ Yes ____ No 3. Philosophy of Discipline (in Parent Handbook) ____ Yes ____ No 4. Policy on the Management of Illnesses/Communicable Diseases (in Parent Handbook) ____ Yes ____ No Parent's Signature _____ Date _____ |
| T U I T I O N | 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. Parent's Signature _____ Date _____ |

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 19 th –June 22 nd | Theme: MICKEY and MINNIE | --- T W R F |
| ____ Week 2: June 25 th - June 29 th | Theme: ALICE in WONDERLAND | M T W R F |
| ____ Week 3: July 2 nd – July 6 th (closed 4 th) | Theme: PETER PAN | M T --- R F |
| ____ Week 4: July 9 th - July 13 th | Theme: PIRATES of CARIBBEAN | M T W R F |
| ____ Week 5: July 16 th - July 20 th | Theme: JUNGLE BOOK | M T W R F |
| ____ Week 6: July 23 rd - July 27 th | Theme: WRECK IT RALPH | M T W R F |
| ____ Week 7: July 30 th - August 3 rd | Theme: STAR WARS | M T W R F |
| ____ Week 8: August 6 th - August 10 th | Theme: SNOW WHITE | M T W R F |
| ____ Week 9: August 13 th - August 17 th | Theme: MOANA | M T W R F |
| ____ Week 10: August 20 th - August 24 th | Theme: TOY STORY | 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 _____

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 19 th -June 22 nd | Theme: MICKEY and MINNIE | ---- T W R F |
| ____ Week 2: June 25 th - June 29 th | Theme: ALICE in WONDERLAND | M T W R F |
| ____ Week 3: July 2 nd - July 6 th (closed 4 th) | Theme: PETER PAN | M T --- R F |
| ____ Week 4: July 9 th - July 13 th | Theme: PIRATES of CARIBBEAN | M T W R F |
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| ____ Week 8: August 6 th - August 10 th | Theme: SNOW WHITE | M T W R F |
| ____ Week 9: August 13 th - August 17 th | Theme: MOANA | M T W R F |
| ____ Week 10: August 20 th -August 24 th | Theme: TOY STORY | 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 _____

Full or Partial Day (Please Circle)

| | | |
|---|------------------------------------|--------------|
| ____ Week 1: June 19 th - June 22 nd | Theme: MICKEY and MINNIE | ---- T W R F |
| ____ Week 2: June 25 th - June 29 th | Theme: ALICE in WONDERLAND | M T W R F |
| ____ Week 3: July 2 nd - 6 th (closed 4 th) | Theme: PETER PAN | M T ---- R F |
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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