

# Mobile Christian School 2021 Summer Day Camp

5900 Cottage Hill Road

Mobile AL. 36609

**Non-Refundable Registration Fee:** \$40.00

**Daily Rate:** \$35.00

**Weekly Rate:** \$125.00

**10% discount** for the second child

**Camper's Full Name:** \_\_\_\_\_

**DOB:** \_\_/\_\_/\_\_ **Male:** \_\_\_\_ **Female:** \_\_\_\_ **Cell:** \_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade completed** \_\_\_\_\_ (5/28/2021)

**Mother's Name:** \_\_\_\_\_

**Home #:** \_\_\_\_ **Cell:** \_\_\_\_ **Work:** \_\_\_\_

**Email Address:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Home #:** \_\_\_\_ **Cell:** \_\_\_\_ **Work:** \_\_\_\_

**Email Address:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Marital Status:** Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_

**Custodial Parent:** \_\_\_\_\_

Are there any special circumstances that we should be aware of? \_\_\_\_

If yes, please explain: \_\_\_\_\_

## Special Medical Conditions (Please check all that apply)

Asthma \_\_\_\_ Diabetes \_\_\_\_ Migraines \_\_\_\_ Allergies \_\_\_\_ ADD/ADHD \_\_\_\_

Other \_\_\_\_ Please Explain: \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Doctor's Phone #** \_\_\_\_

Will your child require daily or as needed dispensing of medication while at Summer Day Camp: Yes \_\_\_\_ No \_\_\_\_

If yes, please complete our "Permission to Dispense Medication" form that is available in the MCS office and return it with your registration form.

## FOR OFFICE USE ONLY:

Registration Paid: \$\_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_

Date \_\_\_\_\_ BY \_\_\_\_\_ Notes \_\_\_\_\_

# Mobile Christian School 2021 Summer Day Camp

## PARENTAL AGREEMENT

This form must be returned with application to be considered completed

A **non-refundable** registration fee of **\$40.00** is due with your application. Each camper will receive a camp field trip t-shirt. Weekly Tuition is due every Monday morning or the first day of each week that a camper attends. **Campers will not be allowed to return if their account is more than \$100.00 past due.** There will be a \$30.00 charge for returned payments. There will also be a \$15.00 late fee added to all accounts that are not paid by Friday of each week. **REFUNDS** will **NOT** be issued! **Credits** will **NOT** transfer from summer to summer and must be used by the end of Summer Day Camp 2021. Any unpaid balance will result in your child not being able to start school for the upcoming 2021/2022 school year.

### PLEASE CHECK WHICH DAYS & WEEKS YOUR CHILD WILL ATTEND CAMP (M, T, W, TH, F)

June 1-4 \_\_\_ June 7-11 \_\_\_ June 14-18 \_\_\_ June 21-25 \_\_\_ June 28-July 2 \_\_\_  
July 6-9 \_\_\_ July 12-16 \_\_\_ July 19-23 \_\_\_ July 26-30 \_\_\_

**PLEASE NOTE WE WILL BE CLOSED MAY 31<sup>st</sup> & JULY 5<sup>th</sup>**

**T-Shirt Size:** Youth S (6-8) \_\_\_ M (10-12) \_\_\_ L (14-16) \_\_\_ Adult S \_\_\_ AM \_\_\_ AL \_\_\_ AXL \_\_\_

### EMERGENCY CONTACTS:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

### PHOTO RELEASE

I hereby give permission for my child to be photographed during the MCS Summer Camp. I understand the photos will be used to share during power point presentations and for promotional purposes including flyers, brochures, newspaper and on the internet.

Parent's/Guardian's Initials \_\_\_\_\_

### TRANSPORTATION RELEASE

I hereby give permission for the transportation of my child for official MCS Summer Camp activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials \_\_\_\_\_

### MEDICAL RELEASE

Please list any allergies \_\_\_\_\_

Please list any medical concerns or needs: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's # \_\_\_\_\_

In case of an emergency, and if a family physician can't be reached, I authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_