

**Trinity Pre-K Summer Camp 2020**  
**2 year olds-5 year olds (ages as of 8/31/20)**  
**9:00-12:30pm (Pack a peanut-free lunch!)**  
**\$70.00 per week Monday-Thursday**

**A one-time \$20.00 Registration Fee (non-refundable) for 1 week, 3 weeks or all weeks**

**Registration is on a first come basis (classes will fill quickly).**  
**(\*registration fee will be refunded only if all your camp choices are full)**

**Camp Tuition is due June 1<sup>st</sup> for June camps; July 1<sup>st</sup> for July camps**  
**(may be paid at Church or Pre-K office, or mailed to Church).**

\_\_\_\_\_ June 8 - 11

\_\_\_\_\_ June 29 - July 2

\_\_\_\_\_ June 15 - 18

\_\_\_\_\_ July 13 - 16

\_\_\_\_\_ June 22 - 25

\_\_\_\_\_ July 20 - 23

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

Age of Child (as of 8/31/20) \_\_\_\_\_ 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: \_\_\_\_\_