

Highland Park Kindergarten Summer Day Camp

2008

Registration Form Pre-Kindergarten—Rising 6th grade

NAME OF CHILD _____ AGE _____ SEX _____

SCHOOL _____ GRADE _____ BIRTHDATE _____

NAME OF PARENTS OR GUARDIAN: _____

ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP CODE _____

FATHER'S WORK _____ WORK PHONE _____

MOTHER'S WORK _____ WORK PHONE _____

CHILD'S PHYSICIAN _____ PHONE _____

INFORMATION WE SHOULD KNOW ABOUT YOUR CHILD: _____

I hereby give permission to secure medical and/or emergency surgical treatment for the above named minor child while in Highland Park Summer Camp.

Name of individual to contact should attempts to reach me or my spouse remain unsuccessful:

Name _____ Relationship _____ Phone _____

SIGNATURE OF PARENT/GUADIAN _____ DATE: _____

CHURCH PREFERENCE _____

SUMMER CAMP HOURS AND TUITION FEES:

Monday-Friday, 7:30 a.m.-5:30 p.m.; off July 4th

- \$80 per week for the first child--\$75 per week for each additional child in the family.
- Tuition shall be paid in advance
- Tuition is on a weekly basis, regardless of the number of days attended.
- Registration/Activity Fee: \$100.00 (\$80.00 for Highland Park United Methodist Members)

For additional information call 843-662-1242 (weekday mornings). Please return completed form and registration fee to: Beth Prosser, HPK Director

Highland Park 1300 Second Loop Road Florence, SC 29505