

Summer Adventure Application

Summer Camps for ages two through kindergarten (Must be of age by Sept. 1, 2010)

369 Air Harbor Road
Greensboro, NC 27455

Tel: (336) 288-6434 | Fax: (336) 282-2223

Email: info@christcommunitypreschool.org

Camp details available at: www.christcommunitypreschool.org

Return this completed form for EACH CHILD with your registration fee:

Child's Name: _____

Class age for Fall 2010: Please circle below

Two Three Four Pre-K

Camp Week (s): Please circle week or weeks

June 7-11:

June 14- 18:

June 28-July 2:

July 12-16:

July 19-23:

July 26-30:

Allergies: _____

Emergency Contact Person: _____

Emergency Contact Phone #: _____

Permission Form:

Christ Community Preschool has our permission in an emergency to obtain the medical services of a physician for which we, the parents, will assume financial responsibility.

It is understood and agreed by us that Christ Community Church, Christ Community Preschool, the Teachers and Assistants, and Administrators are hereby released from injury that may occur in connection with the operation of the Summer Adventure Program, or from any illness that may be contracted by the child during the period of enrollment.

Date: _____

Mother's Signature: _____

Father's Signature: _____