

☐ Physical

☐ Proof of Identity



## TIMBERLAKE CHRISTIAN SCHOOLS SUMMER DAY CAMP APPLICATION

## **EXTENDED CARE INFORMATION:**

- AGE: The Summer Day Camp is for students ages 3-7 years old.
- **DATES:** The Summer Day Camp program will begin on **Wednesday, June 2, 2021** and will end on **Friday, August 6, 2021**. The first day of school for the 2021-2022 school year will be on Wednesday, August 18, 2021.
- **NO CARE:** There will be **NO** Summer Day Camp during the week of **August 9-17** due to teacher work week and **NO** Summer Day Camp on **July 5** due to the holiday. Please plan accordingly.

STUDENT'S FULL NAME (First, Middle, Last):	
ADDRESS:	
CITY: STAT	TE: ZIP:
DATE OF BIRTH: / SEX: AGE CLASS LAST COMPLETED:   3 Year Old	□ 4 Year Old □ 5 Year Old (Kindergarten)
	☐ 7 Year Old (2 <sup>nd</sup> Grade)
in the state of th	- 7 Teal Old (2 Glade)
PARENT INFORMATION:	
FATHER'S NAME:	MOTHER'S NAME:
ADDRESS:	ADDRESS:
HOME PHONE:	HOME PHONE:
WORK PHONE: CELL PHONE:	WORK PHONE:
CELL PHONE: EMAIL:	EMAIL:
SCHEDULE DESIRED: (please check one)	
□ <b>5 Full Days</b> (7:00AM − 5:45PM)	
☐ <b>5 Half Days</b> (7:00AM − 12:00PN	•
☐ <b>3 Full Days</b> (7:00AM − 5:45PM)	
PARENT PERMISSION:	
	dents on our website, brochures, advertising, and social media
	ermission for TCS to use my child's picture in these media.
	<i>,</i> .
☐ Yes	
Parent Signature	
OFFICE USE ONLY:	

☐ Immunization Records

## **EMERGENCY CONTACT & AUTHORIZED PICKUP:**

STUDENT'S NAME:	<del></del>		
PARENT INFORMATION:			
FATHER'S NAME:	MOTHER'S NAME:		
ADDRESS:			
HOME PHONE:	HOME PHONE:		
WORK PHONE:	WORK PHONE:		
CELL PHONE:			
EMAIL:	EMAIL:		
AUTHORIZED PICKUP: Please list three additional people to conto your child:	act (if parent(s) cannot be reached) who ar	re emergency contacts and authorized to pick up	
NAME:	NAME:	NAME:	
HOME PHONE:	HOME PHONE:	HOME PHONE:	
CELL PHONE:	CELL PHONE:	CELL PHONE:	
RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:	

## **MEDICAL RELEASE FORM**

STUDENT'S NAME:			
PHYSICIAN INFORMATION: STUDENT'S DOCTOR: PHONE NUMBER:			
ALLERGIES:			
Does your child have any food, medication, or environmental allergies?	☐ Yes	□ No	
Please provide details of reaction and any necessary treatment.			
CONDITIONS:			
Does your child have any medical conditions we should be aware of?	☐ Yes	□ No	
If you answered "yes" please provide necessary detail.			
MEDICATIONS:  Does your child take medication(s) regularly? ☐ Yes ☐ N  If you answered "yes" please provide necessary detail:	lo		
BIRTH CERTIFICATE:  If Timberlake Christian Schools does not already have a copy of your child's application. This <u>must</u> be on file in the school office before your child may your birth certificate on file please contact Beth Mears at <a href="mailto:bmears@tcs4u.org">bmears@tcs4u.org</a>	attend. To verify	•	
<b>IMMUNZATION RECORDS:</b> If Timberlake Christian Schools does not already have a current/up to date of a copy with your child's application. This <u>must</u> be on file in the school office Christian Schools has your child's immunization records on file please contains.	before your chil	d may attend. To vei	
CURRENT PHYSICAL:  If Timberlake Christian Schools does not already have a copy of your child's a copy with your child's application. This <u>must</u> be on file in the school office Christian Schools has your child's physical on file please contact Beth Mears	before your child	d may attend. To vei	
PERMISSION TO TREAT: In case of serious illness, I request the school contact me and I agree to pick unable to reach me, I hereby authorize the school to contact my emergency instructions. If it is not possible to contact the physician, the school may ma my child:	y contact or my p	hysician and to follo	w his/her

Mother's Signature

Date

Date

Father's Signature

		FIN	<b>ANCIAL AG</b>	REEMENT			
STUDENT NAM	E:			DAT	E:		
_	ration Fee: \$		lacement in the Summ	ner Day Camp and is du	ue with application.		
SUMMER TUITION SCHEDULE:							
	Schedule	Hours	One Payment by May 15 <sup>th</sup> via FACTS or by check	Three Payments (May 15 <sup>th</sup> – July 15 <sup>th</sup> ) via FACTS	Six Payments (May 15 <sup>th</sup> – July 31 <sup>st</sup> ) via FACTS		
	5 Full Days	7:00AM – 5:45PM	\$1,500.00	\$500.00	\$250.00		
	5 Half Days	7:00AM – 12:00PM	\$1,100.00	\$366.67	\$183.34		
	3 Full Days	7:00AM – 5:45PM	\$1,100.00	\$366.67	\$183.34		
	$\square$ Pay in Fu	the following paym Ill via Check (May 15) nonthly payments (Ma		☐ Pay in Full via FACTS☐ Pay in 6 bi-monthly p	(May 15) payments (May 15-July 31	.)	
monthly	y payment agriuments that call by FACTS and lerstand that T dent(s) listed calle Contracts we contracts w	eement with FACTS.  nnot be processed by a l our bank.  CS does not accept CA on the account that be- schools until the accou ith Timberlake Christia	the 15 <sup>th</sup> of the month wil SH payments for tuition. comes past due by 30 da int is made current. In Schools are legally bind	I be accessed a \$25.00 la ys from their normal pay ding through the dated p	te fee by TCS, in addition  ment date is subject to di  eriod assigned to each. eased if our account if pa	to the fees	
I unders respons     I unders expecte child of     I unders on file b      WITHDR     There w     Prior to     After th	sibility to arran stand that the ed to pick up m \$10.00 per 15 stand that all n before my child AWAL POLIC vill be no refun the completio	child will be expected age for care at my experience of the care at my experience of the care at my experience of the care at the Summer of the contracted of the care at the first week of the care; \$50 administration of the first week of the care; \$50 administration of the first week of the care; \$50 administration of the first week of the care; \$50 administration of the first week of the care; \$50 administration of the first week of the care at	ense and that I will not be urs are 7:00am-5:45pm for :45 pm for full day and 1: the 15 minutes that I am application, financial agro r Day Camp program. parties request early by for vacation. camp: a \$50 administration	e refunded any fees shou for full day camp and 7:00 2:00 pm for half day. If la a late. eement, proof of birth, p withdrawal of a stude we fee and no tuition is or	Oam-12:00pm for half day ite I will be charged a late hysical and immunization ant for any reason:	camp and I am pick up fee per records) must be	
exception We, the parents Christian School	ons. No record s or guardians I the tuition f	s will be released until	above name student f	d. for the Summer Day Ca	vill no longer be accepting amp 2021 and agree to		
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**Guardian's Signature:**\*Parent/Guardian must initial next to these lines

Father's Signature: \_\_\_\_\_ Mother's Signature: \_\_\_\_\_