

Summer Camp 2021

Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____ Cell Phone Carrier: _____

Occupation: _____ Employed By: _____ Office Phone:() _____

Custodial Parent (If married, mark both parents)

Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____ Cell Phone Carrier: _____

Occupation: _____ Employed By: _____ Office Phone:() _____

Custodial Parent (If married, mark both parents)

Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

PLEASE CHECK EACH CAMP PREFERRED

Session 1 June 7 - 11

Session 2 June 14 - 18

Session 3 July 12 - 16

Session 4 July 19 - 23

Child Information

First Name: _____ M.I. ____ Last Name: _____

Name child prefers to be called: _____ Class: _____

Child's Address: _____

Gender: Male Female Age ____ Date of Birth: _____

List any existing medical conditions, medication and/or special care your child may require?

*Children must be potty trained to participate in camp

Allergies: _____

A physician's individualized care plan is required **before** the beginning camp for children with special health care needs, food allergies or special nutrition needs.

Pediatrician's Name: _____ Phone: () _____

Address: _____

Emergency Contacts & Authorized Pickup Persons: (Not listed above.) At least 2 contacts are required.

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

Religious Affiliation/ Belief _____ Church Membership _____

Previous school experience: [] Yes [] No If yes, where? _____

How did you learn of CCP Summer Camps? _____

Liability Release

I understand that my child’s participation in the preschool program carries a measure of risk. By signing below, I assume any possibility of harm or injury, which might occur to my child due to his/her/my participation in the program. I release the Covenant Community School, INC and Christ Church, 3415 Union Rd, Gastonia, NC 28056 from all liability, costs and damages, which might arise from participation in the program.

I agree that the minor has my consent to participate in the preschool program. I further provide my consent for the Covenant Community School, INC to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

If the parent/ legal guardian is unable to be reached in an emergency, the school has our permission to obtain medical attention for the child by the child’s physician or Caro Mont- Gaston Memorial Hospital Emergency Room. If ER is deemed necessary, Gaston Emergency Medical Services will transport child.

A copy of current insurance card is required for each enrolled child.

Name of Primary Insurance Policy and Policy number _____

Parent’s Signature: _____ Date: _____

Camp Fees/ Payment Information:

The non-refundable registration fee of \$25.00 is due with the registration form..

The \$125.00 is due for each week enrolled.

Parent's Signature: _____ Date: _____

Please initial-

___ I will apply sunscreen or mosquito protection on my child **prior** to arrival to CCP, if application of these products are desired.

COVID-19 WAVIER

Dear Family Members:

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state, and local governments and agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. We are doing everything we can to be compliant with all regulations and ensure your safety. We have put in place preventative measures to reduce the spread of COVID-19, but we cannot guarantee that you will not become infected with COVID-19.

By participating in programs, services, and activities of our school, you agree to the following: You hereby release, covenant not to sue, discharge, and hold harmless Covenant Community School, INC, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your employment, our programs, services or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this school, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any school hosted or programmed event.

Signature: _____

Printed Name: _____

Date: _____

List minor children who will be attending school.

List family members and caregivers who will be visiting our campus for drop off and pick up.

If you, your child, or a house member are at increased risk for severe illness from COVID 19, weigh the benefits and risks of attending school.