

# Elementary Registration

Assigned # \_\_\_\_\_ (office use only)

Grade for 2022-2023 school year \_\_\_\_\_

Circle One: Car Rider / Walker

## New Heights Summer Camp Registration Form (One form per child)

Children must be 5 years of age by September 1, 2022 and attending/attended kindergarten. Please indicate above the grade level of your child. Indicate if your child will be a car rider or a walker. Registration will be complete & a pick-up number will be assigned after a \$20.00 registration fee is received. Incomplete or unsigned forms will cause a delay in registration. One form per child.

We are not equipped for special needs or children with health or behavioral needs.

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M/F  
Last First

Address: \_\_\_\_\_  
Street City Zip Emergency Phone Number

Primary Contact Email: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Circle One: American Indian or Alaskan Asian Black or African American  
Hispanic or Latin Native Hawaiian or Other Pacific Islander White

**\$400 per child + \$20.00 registration fee. Full payment is required regardless of attendance.**

Parent/Guardian (First Contact) \_\_\_\_\_ Relationship \_\_\_\_\_

Phones: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Parent/Guardian (Second Contact) \_\_\_\_\_ Relationship \_\_\_\_\_

Phones: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Please list anyone else authorized to pick up your child. Only those listed will be allowed to pick up your child without additional approval. All others will be asked to show I.D. & be phone-verified.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phones: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phones: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Please list any person who is **NOT allowed to pick up** your child.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Please note below any person against whom there is a current restraining order. (Must be on file)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Office use only: \$20.00 Registration fee \_\_\_\_\_ Camp fee: \$400.00 In Full \_\_\_\_\_ \$200.00 \_\_\_\_\_ \$200.00 \_\_\_\_\_

The meal program is supported by the USDA. In accordance with Federal law and U.S. Dept. of Agriculture policy, this institution is prohibited from discriminating based on race, color, sex, age, national origin or disability. Meals will be provided without discrimination.

## Personal Information

Does your child have any potentially life-threatening allergies?

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Please list any health concerns we should be aware of or other pertinent information.

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Does your child have any special needs, health, or behavioral issues?

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For meal planning purposes, are there any dates/days your child will not attend?

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Did your child receive math or reading intervention during the school year? NO MATH READING

No medication will be administered to any child in attendance at New Heights Summer Camp. A parent or guardian is welcome to come to the site and administer their child's medication.

I give consent for my child's picture to be used for New Heights website, publications, newsletter, Facebook page and or promotional materials. Circle one YES NO

## Authorization for Treatment

I (we) the undersigned parent(s) of \_\_\_\_\_, do hereby authorize and empower personnel of New Heights Summer Camp to consent to any medical treatment and/or hospital care which is deemed necessary to protect the life and health of said child. Any care rendered will be under supervision of a licensed physician, surgeon, or dentist on the medical staff of the nearest medical facility. I also authorize the use of an ambulance, if necessary, to transport my child. I agree to release New Heights Summer Camp from any liability in so doing and to bear the cost of all medical expenses incurred.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Agreement to Pay Camp Fees

**\$420.00 per child (this includes a \$20.00 registration fee)**

I understand that full payment of \$420.00 per child is required regardless of the number of days attended. I agree to make full payment for each child registered.

**Payment Options:** Choose one option

Option 1 - \$400.00 by June 5

Option 2 - \$200 June by 5 & \$200.00 July by 3

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please makes checks payable to New Heights Summer Camp**  
Return form & fee to Broken Arrow Church of Christ, 505 E Kenosha, 74012