

Plymouth Haven Christian Preschool

2024 SUMMER CAMP

8600 Plymouth Road, Alexandria, Virginia 22308 Phone: 703-799-2217 Email: preschool@plymouthhaven.org

Thank you for your interest in our Summer Camp! *To ensure placement, register early!* A completed registration form along with payment is required for placement. Camp is open to currently enrolled students only this year. *Please make checks payable to PHCP*

** Initial here to have camp fee withdrawn/charged using Tuition Express _____ **

Cost: \$225.00	May 28-June 7	Theme: Summer Fun!
----------------	---------------	--------------------

Are you interested in Stay & Play from 12:00-2:00 each day? (\$20/Day) ___ Yes ___ No

Child's Name _____ Male / Female Birthdate _____ Age _____

Address _____ Email _____ Phone _____

Legal Guardians & Emergency Contact Information (persons must be reachable and available for immediate pick-up)

Name Relationship Phone Number(s)

Name Relationship Phone Number(s)

Other persons authorized to pick up child

Name Phone Number(s) Name Phone Number(s)

List any allergies or sensitivities to food, animals, insects, environment, etc. (use back of page if needed)

PHCP may photograph or video tape my child during camp for in-house use only. Guardian initials permission _____

Emergency Action - Plymouth Haven Christian Preschool will notify guardian if the child becomes ill or injured. The guardian agrees to pick up the child as soon as possible. If the guardians cannot be reached, the staff will call other authorized persons listed. Plymouth Haven Christian Preschool has my permission, in a medical emergency, to take my child to the emergency room of the nearest hospital or call 911. The medical staff has my permission to provide treatment which a physician deems necessary for the well-being of my child.

Guardian's Printed Name Guardian's Signature Date

Child's Physician Phone

Health Insurance Policy Number Phone