

# Summer Camp 2018 Permission Slip/ Registration Form

Please **circle** the weeks that you would like to register for  
Each week = \$150 (\*\$120 week 1 & 5) 7:45 - 5:30 (no early drop-off)

1. June 5<sup>th</sup> – 8<sup>th</sup>\*      2. June 11<sup>th</sup> -15<sup>th</sup>      3. June 18<sup>th</sup> – 22<sup>nd</sup>      4. June 25<sup>th</sup> – 29<sup>th</sup>  
**(payment due date May 28th)**
4. June 25<sup>th</sup> – 29<sup>th</sup>      5. July 2<sup>nd</sup>, 3<sup>rd</sup>, 5<sup>th</sup>, & 6<sup>th</sup>\*      6. July 9<sup>th</sup> – 13<sup>th</sup>      7. July 16<sup>th</sup> – 20<sup>th</sup>  
**(payment due date June 18th)**
8. July 23<sup>rd</sup> – 27<sup>th</sup>      9. July 30<sup>th</sup> – Aug. 3<sup>rd</sup>      10. Aug. 6<sup>th</sup> – 10<sup>th</sup>  
**(payment due date July 17th)**

**Summer Camp Registration fees:**  
**Registered GLS students \$40 per student**  
**Non-registered GLS children \$75 per child**  
**There will be no camp on June 4<sup>th</sup> or July 4th; the cost for those weeks is \$120.00.**

I understand my child must be three years old or older by September 1st 2018 in order to attend Summer Camp and must be fully toilet trained and able to dress and undress him/herself. I agree to pay for the weeks that my child is attending by the dates indicated on this form. There is a late payment fee of \$30.00 and a returned check fee of \$35.00. I understand that my child will not be allowed to attend camp if fees have not been paid. All fees must be paid whether my child is in attendance or not. All fees are non-refundable once my child has been registered in the program. **Payment must be received by “due by” date in order to secure your child’s spot for the desired week.** I understand that if my child’s behavior proves unacceptable during any period of summer camp, he/she is subject to suspension or exclusion from the program.

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Student’s Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Parent name: \_\_\_\_\_ e-mail: \_\_\_\_\_

Telephone number: (personal) \_\_\_\_\_ (work) \_\_\_\_\_

Address: \_\_\_\_\_

Emergency/ Release Contact: \_\_\_\_\_ Ph. # \_\_\_\_\_

Emergency/ Release Contact: \_\_\_\_\_ Ph. # \_\_\_\_\_

- I hereby state that my child is in good health and may participate in the GLS’s Summer Camp.
- I also give permission to staff members of GLS to seek medical attention/ treatment for my child in event of emergency.
- I understand and agree to all terms and conditions as stated above.

\*Parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_