



Summer Camp Registration Form

Camper's Name: _____ Age: _____
 Parent 1 Name: _____ Cell Ph: _____
 Parent 2 Name: _____ Cell Ph: _____
 Home Address: _____
 City: _____ Zip Code: _____ Hm Ph: _____
 Parent(s)Email Address: _____

Please check off the dates that your child will be attending: **T-shirt Size: Small Medium Large**

Choose one of the following schedule options:

- 2 Days per week (Tues/Thurs) 3 days per week (Mon/Wed/Fri) 5 days per week (Mon-Fri)

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1:	June 30 <input type="checkbox"/>	July 1 <input type="checkbox"/>	July 2 <input type="checkbox"/>	July 3 <input type="checkbox"/>	CLOSED
Week 2:	July 7 <input type="checkbox"/>	July 8 <input type="checkbox"/>	July 9 <input type="checkbox"/>	July 10 <input type="checkbox"/>	July 11 <input type="checkbox"/>
Week 3:	July 14 <input type="checkbox"/>	July 15 <input type="checkbox"/>	July 16 <input type="checkbox"/>	July 17 <input type="checkbox"/>	July 18 <input type="checkbox"/>
Week 4:	July 21 <input type="checkbox"/>	July 22 <input type="checkbox"/>	July 23 <input type="checkbox"/>	July 24 <input type="checkbox"/>	July 25* <input type="checkbox"/>

July 3 of July BBQ, don't bring lunch, vegetarian options available

July 4: No camp, 4th of July holiday

July 25: Last Day of Camp, Carnival Day! Come in costumes!

Program Hours, Tuition, and Billing Information:

Registration Fee: \$50 **Camp Hours:**

Toddler Camp Hours: 8:15 am - 12:15 p.m.

Preschool Camp hours: 8:30 am- 2:00 p.m.

******CAMP FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE******

Early Bird Special: Sign up by May 1st before fees increase. Space is limited, so register early!

Toddler & Preschool Camp Program

Weekly Rates Applied Before May 1 st		Weekly Rates Applied After May 1 st	
Toddler Camp Hours: 8:15 a.m.-12:15 pm		Toddler Camp Hours: 8:15 a.m.-12:15 pm	
Preschool Camp Hours: 8:30 a.m.-2:00 p.m		Preschool Camp Hours: 8:30 a.m.-2:00 p.m	
2 Days (Tues, Thurs) Toddler	\$230	2 Days (Tues, Thurs) Toddler	\$255
2 Days (Tues, Thurs) Preschool	\$270	2 Days (Tues, Thurs) Preschool	\$295
3 Days (Mon, Wed, Fri) Toddler	\$330	3 Days (Mon, Wed, Fri) Toddler	\$360
3 Days (Mon, Wed, Fri) Preschool	\$380	3 Day (Mon, Wed, Fri) Preschool	\$415
5 Days (Mon-Fri) Toddler	\$460	5 Days (Mon-Fri) Toddler	\$505
5 Days (Mon-Fri) Preschool	\$560	5 Days (Mon-Fri) Preschool	\$615

*4 Week Enrollment Discounted Rates Applied Before May 1st Toddler Camp Hours: 8:15 a.m.-12:15 pm Preschool Camp Hours: 8:30 a.m.-2:00 p.m		*4 Week Enrollment Discounted Rates Applied After May 1st Toddler Camp Hours: 8:15 a.m.-12:15 pm Preschool Camp Hours: 8:30 a.m.-2:00 p.m	
2 Days (Tues, Thurs) Toddler	\$845	2 Days (Tues, Thurs) Toddler	\$930
2 Days (Tues, Thurs) Preschool	\$995	2 Days (Tues, Thurs) Preschool	\$1095
3 Days (Mon, Wed, Fri) Toddler	\$1215	3 Days (Mon, Wed, Fri) Toddler	\$1335
3 Days (Mon, Wed, Fri) Preschool	\$1400	3 Day (Mon, Wed, Fri) Preschool	\$1540
5 Days (Mon-Fri) Toddler	\$1690	5 Days (Mon-Fri) Toddler	\$1860
5 Days (Mon-Fri) Preschool	\$2060	5 Days (Mon-Fri) Preschool	\$2265

Drop-In (per day) Camp Program

Toddlers 8:15 a.m-12:15 p.m.		Preschool 8:30 a.m.-2:00 p.m.	
Drop-In (per day)	\$120	Drop-In (per day)	\$135

Registration fee and payment in full is required to reserve your camper's space. Limited enrollment. Tuition is non-refundable and non-transferable. By enrolling in the program, I accept these registration, tuition, and refund terms. Payment can be made through:

ZELLE: admin@greenbeginningpreschool.com

Tuition Express: Check the box below

Cash or Check: Made to GBPC and drop-off at the preschool office

Completed form Forms dropped off at the preschool office, mailed, scanned and emailed to Veronica. For more information email veronica@gbcp1.com or call (310) 841-6100.

of Weeks /Days _____ \$ _____ + \$50 registration = Total Amt Enclosed \$ _____ (Pd by Ck# _____, TE _____)

Parent Signature _____ Date _____

[Camper Information] (Not required to fill out if already a GB student)

Camper Name: _____ DOB: _____

Please Circle:

Tetanus shot current? Yes No Hearing Problems? Yes No

Asthma? Yes No Wear glasses or contacts? Yes No

Any relevant allergies Yes No If yes,

Explain _____

List Medications and dosage: _____

Any behavioral or medical problems:

Health Insurance: _____ Policy No _____

Group No _____ Dr's. Name _____

Dr's Phone No. _____

Name of the person you want us to contact in case of an emergency _____

Relationship _____ Ph No _____

Release: In case of emergency and I cannot be reached, I authorize Green Beginning Community Preschool (GBCP) staff to obtain whatever medical treatment he/she deems necessary for the welfare of my child. I hereby release, indemnify and hold harmless GBCP Directors and their staff from any and all claims arising out of injury to my child. I also agree to accept full financial responsibility for medical care provided to my child in case of an emergency.

Parent Signature _____ Date _____

Authorized Pick Up: List the names, relationship, and phone numbers of the people authorized to pick up your child from camp. All campers must be signed in and out daily with full signatures for licensing and legal purposes.

_____	_____
_____	_____
_____	_____