



Cougar Camp 2017

Summer Camp Registration

For ages 5-12 (entering 1st grade - completed 6th grade)

Camper's Full Name _____ Boy ___ Girl ___

Date of Birth _____ Age _____ Grade Completed _____

Mother/Legal Guardian _____ Pick Up: Yes / No
Address _____ Phone _____ Cell _____
City _____ State _____ Zip _____
Employer _____ Work Phone _____
Church _____ Email _____

Father/Legal Guardian _____ Pick Up: Yes / No
Address _____ Phone _____ Cell _____
City _____ State _____ Zip _____
Employer _____ Work Phone _____
Church _____ Email _____

Student lives with _____

Camp Schedule

June 26 through August 25

Camp hours: 8:30am to 4:00pm

Daily Activities will start promptly at 9:00am

Early Care 7:00 – 8:30am and Late Care 4:00 – 5:30pm

Camp is closed July 4 for the Independence Day Holiday.

Please indicate the weeks and days that your child will attend:

___ June 26-30

___ July 31-August 4

___ July 3-7

___ August 7-11

___ July 10-14

___ August 14-18

___ July 17-21

___ August 21-25

___ July 24-28

Drop off time: _____ Pick up time: _____ Days each week: M T W Th F

The school nurse is not on campus during summer camp; however our staff is CPR/First-Aid certified for your child's safety. Please list any health issues below including allergies, medications, etc: _____

2017 Cougar Camp Fees:

Non-Refundable Registration Fee: \$35.00 due with application

	1 st Child	Weekly	Full Summer	Additional Children	Weekly	Full Summer
8:30am-4:00pm	\$35/day	\$165/week	\$1650	\$30/day	\$145/week	\$1450
Early or Late Care	\$40/day	\$185/week	\$1850	\$35/day	\$165/week	\$1650
Early AND Late Care	\$45/day	\$210/week	\$2100	\$40/day	\$185/week	\$1850

Emergency Contacts

Please list below any other person we may contact in case of an emergency and we are unable to reach you. Please also indicate if they have permission to pick up your child from school.

Name / Relationship	Home Phone	Cell Phone	Work Phone	Pick Up
				Yes / No
				Yes / No
				Yes / No
				Yes / No

How did you hear about Cougar Camp?

___ Newspaper ___ Website ___ Other ___ ACS ___ Referral (Name) _____

Payment and Refund Policy:

To register your child/children for Cougar Camp 2017, please complete this registration form and return it with the \$35.00 non-refundable registration fee, to Cougar Camp at Atlantic Christian School, 391 Zion Road, Egg Harbor Township, NJ 08234. No refund is made for withdrawal or absence due to illness or family vacation.

My signature below indicates my willingness to permit my child to participate fully in a physically rigorous program both on and off camp grounds. It also indicates he/she is in good physical condition. In case of emergency, if I cannot be contacted, I hereby give permission for the physician/nurse chosen by the camp director to hospitalize and/or secure proper treatment for my child, named above. By signing this form, I hereby release Atlantic Christian School, as well as its directors, officers, administrators, employees, or other agents from all liability or damages for any and all injuries arising from the negligence of any of the above while traveling to an off-campus activity via bus transportation. I also give permission for my child's photo to be used in future promotional materials. Cougar Camp does not discriminate on the basis of race, sex, color, or national or ethnic origin.

Signature of Parent or Guardian

Date