



Under the Sea Summer Registration

For ages 3-5 (Including those entering kindergarten)

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 _____

Summer Schedule

June 26 through August 25
Summer hours: 7:00am to 5:30pm
Daily Activities will start at 9:00am

We are 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 Summer Fees:

Non-Refundable Registration Fee: \$35.00 due with application
(Registration fee is waived if you are enrolled at ACS for 2017-2018)

5 full days	\$663/month
4 full days	\$606/month
3 full days	\$460/month
5 half days	\$460/month
2 full days	\$313/month

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

Payment and Refund Policy:

To register your child/children for Summer Program, please complete this registration form and return it with the \$35.00 non-refundable registration fee (if applicable) to 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. Payments are expected at the beginning of the week if paying weekly or at the beginning of the month if paying monthly. Please contact the Business Office if you would like to make other arrangements.

My signature below indicates my willingness to permit my child to participate fully in a physically rigorous program both on and off school 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 program 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 or other transportation. I also give permission for my child's photo to be used in future promotional materials. Atlantic Christian School does not discriminate on the basis of race, sex, color, or national or ethnic origin.

Signature of Parent or Guardian

Date