



# Central Christian School

A Ministry of Central Community Church

17395 State Highway 104, Robertsdale, AL 36567

Phone: (251) 947-5043 • Fax: (251) 947-2572 • www.ccsaints.com

## SUMMER DAY CAMP 2021

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
 The Custodial parent is:  Mother  Father  Both  
 Mother's email: \_\_\_\_\_ Father's email: \_\_\_\_\_  
 Work/Cell Numbers: Father: \_\_\_\_\_ / \_\_\_\_\_  
 Work/Cell Numbers: Mother: \_\_\_\_\_ / \_\_\_\_\_  
 Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### Responsible adult to contact if parents cannot be reached:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Relation to child: \_\_\_\_\_ Relation to child: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Relation to child: \_\_\_\_\_ Relation to child: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Day Camp Attendance: Full-time?  T-shirt Size Youth:  X-Small  Small  Medium  Large  
 T-shirt Size Adult:  Small  Medium  Large

Daily? Days to Attend?  Monday  Tuesday  Wednesday  Thursday  Friday

First Day of Attendance: \_\_\_\_\_

**Rates:** \$ 35.00 **Registration Fee per Child**  
 \$125.00 **per week (1<sup>st</sup> child)**  
 \$110.00 **per week (each additional child)**  
 \$ 35.00 **per day/per child**

(All weekly fees must be paid upon the first day of attendance each week)

**Hours: 7:00 A.M. - 5:30 P.M.**

(Campers may arrive or leave at any time between these hours.)

office use only: Registration fee \$35.00 paid with \_\_\_\_\_ (check #, cash, or credit card) received by: \_\_\_\_\_ (initials)