



WORD OF FAITH CHRISTIAN CENTER
SUMMER DAY CAMP

Return form with deposit to:
Word of Faith Christian Center
 4150 Market Street, Aston, PA 19014
 Phone: 610-364-2160 | Fax: 610-364-2164

2017 REGISTRATION FORM

Please fill-out completely

CAMPER NAME		MALE <input type="checkbox"/>	BIRTHDAY	SCHOOL	
		FEMALE <input type="checkbox"/>	/ /		
ADDRESS		CITY		STATE	ZIP
PARENT/GUARDIAN (1)		RELATIONSHIP	PARENT/GUARDIAN (2)		RELATIONSHIP
HOME PHONE (1)	WORK PHONE (1)		HOME PHONE (2)		WORK PHONE (2)
CELL (1)	E-MAIL (1)		CELL (2)		E-MAIL (2)
EMERGENCY CONTACT (1) - OTHER THAN PARENT		PHONE (1)	EMERGENCY CONTACT (2) - OTHER THAN PARENT		PHONE (2)
AUTHORIZED PICKUP (1) - OTHER THAN PARENT			AUTHORIZED PICKUP (2) - OTHER THAN PARENT		

2017 REGISTRATION SCHEDULE

Please check all that apply. **A minimum of 3 weeks is required.** Schedule may be changed through 6/9.

<input type="checkbox"/> WEEK 1: June 19- June 23	<input type="checkbox"/> WEEK 6: July 24 - July 28	<input type="checkbox"/> 3-Day Option: <input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> TH <input type="radio"/> F <input type="checkbox"/> 4-Day Option: <input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> TH <input type="radio"/> F <input type="checkbox"/> ALL 5-Days
<input type="checkbox"/> WEEK 2: June 26 - June 30	<input type="checkbox"/> WEEK 7: July 31 - Aug 4	
<input type="checkbox"/> WEEK 3: July 3 - July 7 <i>(closed 7/4 for holiday)</i>	<input type="checkbox"/> WEEK 8: Aug. 7 - Aug.11	
<input type="checkbox"/> WEEK 4: July 10- July 14	<input type="checkbox"/> WEEK 9: Aug. 14 - Aug. 18	
<input type="checkbox"/> WEEK 5: July 17 - July 21	<input type="checkbox"/> WEEK 10: Aug. 21- Aug. 25	

2017 WOFCC SUMMER CAMP

OPTIONS	3 - DAY WEEK	4 - DAY WEEK	5 - DAY WEEK
Part Time (3 Week Minimum Required)	\$140.00	\$155.00	\$165.00
Extended Care	Morning Only 7:00 - 9:00 AM \$25.00	Afternoon Only 4:00 - 6:00 PM \$25.00	AM & PM \$40.00

DEPOSIT & REGISTRATION PAYMENT

\$140 per child (\$100.00 refundable deposit & \$40 non-refundable registration fee) due with registration.

Pay by VISA, Master Card, Discover or Paypal (by logging onto www.KiddieKampusLearningCenter.net then follow the link):

Amount: \$ _____ Credit Card Number: _____ Expiration: _____
Security Code (CVV): _____ Authorized Signature: _____

Payment by Personal Check:

Amount: \$ _____ Check Number: _____

Applicable Discounts: Sibling 10% discount for each additional child.

REGISTRATION AND ENROLLMENT AGREEMENT

1. It is agreed that the registration fee is non-refundable and the deposit and any other camp fees are only refundable through **June 9, 2017**. NO reductions or allowance will be made for the late arrival or early withdrawal of a camper, or for the interruption in the camp season due to illness, vacation and holidays.
2. Campers and parents agree to abide by all policies set forth by the Director.
3. The Camp is not responsible for the camper's personal belongings, while in transit or at the camp, if lost, damaged or otherwise. The Camp will make very effort to provide supervision and keep losses at a minimum.
4. The Director reserves the right to deny, cancel or suspend a child's enrollment if deemed in the best interest of the campers or camp, in which case the deposit or any other unused camp fee will be refunded.
5. Camp reserves the right to use campers for promotional purpose in printed literature, videos and the website.
6. Parent's signature allows the Camp Director, Nurse or staff to apply medical treatment for that which does not require emergency medical attention. Signature is consent for transportation in emergency vehicles if deemed necessary. A medical form must be completed and returned by June 9, 2017.
7. Signature authorizes WOFCC Summer Camp as an agent to transport the enrolled child to and from a predetermined location, if applicable. The signature waives and releases any and all rights and claims that the camper may have against WOFCC Summer Camp and its representatives for any and all injuries suffered by the child in transit.

Parent / Guardian's Signature: _____ Date: _____

Enrollment is not valid unless signed by a parent or guardian. A confirmation of enrollment, and health form will be sent upon receipt of this registration form. If submitting this form by email your fully typed name will serve as your signature and is just as binding.

MAIL, FAX or EMAIL YOUR FORM

Directions for submitting your complete 2017 Registration Form to WOFCC Summer Camp:

- **MAIL** - print the application, include a personal check or credit card information, and mail to:
WOFCC Summer Camp | 4150 Market Street | Aston, PA 19014
- **FAX** - print the application and fax to: **610-364-2160**
- **EMAIL** - SAVE AS will allow you to save this form to you computer and attach and send to:
info@wofcc-pa.com