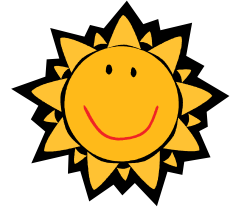


RHCS Summer Camp Enrollment Form

\$45 registration & camp fee - due upon enrollment



Child's age: 3 4 5 6 7 Grade in fall: K3 K4 K5 1 2 3

(Circle the all that apply)

Days to Attend: M T W TH F

Date Enrolled: Summer 2008

Full Name of Student _____ Date of Birth _____ Sex _____

Home Address _____ City _____ Zip _____

Telephone _____ Emergency Phone _____ Person/Relationship _____

PARENT OR GUARDIAN INFORMATION:

FATHER

MOTHER

Name _____

Driver's License _____

Employer _____

Work Number _____

Church Affiliation: _____ Members: yes or no

Explain why you wish your child to attend our camp: _____

How did you hear about our program? _____

Please list any allergies that your child might have _____

Approximate Times Care is Needed _____ to _____

I agree to accept all regulations of the school on behalf of the applicant. I authorize Rochester Hills Christian School to employ discipline as seems wise and expedient as outlined in the handbook. I give permission for my child to partake in school activities or field trips and absolve Rochester Hills Christian School from all liability to myself or child at the school during school activities or on field trips. I agree to have all payments in to the center by the first day of every week my child is scheduled to attend. I understand that RHCS does not allow for "sick" days and that the only way my child's position can be held is by making my weekly payments on the day required. I understand that if my child does not adapt well in RHCS or if I default in my weekly payments I will be asked to withdraw him. All Sonshine Academy's rules and regulations apply. See the director for a handbook if needed.

Date: _____ Signature of parent or guardian: _____

Please make any additional comments concerning care for this child: _____

Signature of Center Director: _____ Date: _____