

Trinity Presbyterian Weekday School  
Summer Camp 2022  
(PLEASE COMPLETE ONE FORM PER CHILD)



Church member  Staff member  Child/sibling currently enrolled  Former WDS family  Community

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's name \_\_\_\_\_

Phone \_\_\_\_\_ (mom) \_\_\_\_\_ (dad)

Address \_\_\_\_\_

Email \_\_\_\_\_

Current 2021-2022 classroom: Toddlers 2s 3s 4s TK K (circle one)

Current 2021-2022 preschool (if not currently at Trinity WDS): \_\_\_\_\_

We wish to register for the following weeks (9:00am - 1:00pm) :

- May 31-June 3 (Tuesday-Friday)
- June 6-9 (Monday-Thursday)
- June 13-16 (Monday-Thursday)
- June 21-24 (Tuesday-Friday)
- June 27-30 (Monday-Thursday)

**Cost:** **One-time** Registration Fee: \$45.00 per child  
Weekly Tuition: \$135.00 per child

Please draft the registration fee using **Tuition Express**.

OR

Payment attached.

You may register for one, two, three, four or all five weeks. **SPACE IS LIMITED.**

**Pay ONLY the registration fee - PLEASE DO NOT PAY ANY TUITION AT THIS TIME.**

Tuition Will Be Drafted Using Tuition Express or Due On **April 25<sup>th</sup>** or your child's space will be forfeited.

**I understand the registration fee and tuition are non-refundable, regardless of any type of absences, unless a week of the program is cancelled.** I also understand that summer camp follows the same policies/procedures as the weekday school, which can be found in the parent handbook at [www.trinitypreschurch.org](http://www.trinitypreschurch.org).

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*PLEASE COMPLETE EMERGENCY PERMISSION FORM ON REVERSE SIDE\*\*\***

<i>For Office Use Only</i> Ck# _____ Date _____
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**Trinity Presbyterian Weekday School**  
Emergency Treatment Permission Form – 2021/2022

Child's name: \_\_\_\_\_

Please give a brief description of the following:

Allergies (food, medications, etc.):

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Medical conditions for which child is being treated:

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Ongoing medications & dosages:

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Pediatrician's name: \_\_\_\_\_

Pediatrician's phone: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

Emergency Contact (1): \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (2): \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of illness or accident requiring immediate medical treatment, if a parent/guardian cannot be located, I give permission to the Director of Trinity Presbyterian Church Weekday School, or other school personnel designated by the Director in her absence, to authorize medical treatment for my child as deemed necessary. I understand that all phone numbers given as Emergency Contacts will be used to contact parents/guardians. If transport is required, an ambulance will be called.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_