



Trinity Weekday School
Summer Camp 2023 – Session 2
(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 2022-2023 classroom: Toddlers 2s 3s 4s TK K (circle one)

Current 2022-2023 preschool (if not currently at Trinity WDS): _____

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

- ☐ July 10-13 (Monday-Thursday)
- ☐ July 17-20 (Monday-Thursday)
- ☐ July 24-27 (Monday-Thursday)
- ☐ July 31 - August 3 (Monday-Thursday)
- ☐ August 7-10 (Monday-Thursday)

Cost: **One-time** Registration Fee: \$50.00 per child
Weekly Tuition: \$150.00 per child

- ☐ My child is attending **session 1**. (Fee waived)
 - ☐ 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 **May 25th** 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.

Parent Signature _____ Date _____

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

For Office Use Only

Ck# _____

Date _____

Trinity Weekday School

Emergency Treatment Permission Form – 2023

Child's name: _____

Please give a brief description of the following:

Allergies (food, medications, etc.):

Medical conditions for which child is being treated:

Ongoing medications & dosages:

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: _____



Trinity Weekday School
Summer Camp 2023 – Session 1
(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 2022-2023 classroom: Toddlers 2s 3s 4s TK K (circle one)

Current 2022-2023 preschool (if not currently at Trinity WDS): _____

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

- ☐ May 30-June 2 (Tuesday-Friday)
- ☐ June 5-8 (Monday-Thursday)
- ☐ June 12-15 (Monday-Thursday)
- ☐ June 20-23 (Tuesday-Friday)
- ☐ June 26-29 (Monday-Thursday)

Cost: **One-time** Registration Fee: \$50.00 per child
Weekly Tuition: \$150.00 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 28th** 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.

Parent Signature _____ Date _____

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

For Office Use Only

Ck# _____

Date _____

Trinity Weekday School

Emergency Treatment Permission Form – 2023

Child's name: _____

Please give a brief description of the following:

Allergies (food, medications, etc.):

Medical conditions for which child is being treated:

Ongoing medications & dosages:

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: _____