



**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 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\*\*\***

*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.):

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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:** \_\_\_\_\_

Please return completed form to [avaughn@trinitypreschurch.org](mailto:avaughn@trinitypreschurch.org)