Grant Park Cooperative Preschool

SUMMER CAMP 2017 REGISTRATION (Preschool Age)

"GPCP Folktales"

Child's name: _____Name used: _____

Sex: M ___ F ___ Birth date: _____ Age at last birthday: _____

Address:_____ City:_____ Zip Code:_____

Parent # 1 Name:_____ Occupation: _____

Phone: cell: _____ (W) _____(H)_____E-mail: _____

Parent # 2 Name:_____ Occupation: _____

Phone: cell: _____(W) _____(H)_____E-mail: _____

Parent(s) with whom child resides: _____

Designate the Session(s) for which you wish to enroll your child below. Specify the age group, theme and days per week.

Session	**Age group/Theme**	**Days requested**
SESSION #1: JUNE 5 – JUNE 23	_____	_____
SESSION #2: JUNE 26 - JULY 14 (No camp on Tuesday, July 4)	_____	_____
SESSION #3: JULY 17– AUGUST 4	_____	_____

My child has the following special needs:_____

The following special accommodations may be required to most effectively meet the needs of my child while at the center:

_____

- I, the undersigned, understand that I am responsible for the total Summer Camp tuition payment and that a non-refundable payment of the first full session per child is due at the time of registration. Children who are new to GPCP must pay a non-refundable registration fee of $50 per child in addition to the session fees listed.
- FORMS WILL NOT BE ACCEPTED WITHOUT PAYMENT. The remaining balance will be made in full by June 5th 2017. (Please note: School will be closed from May 29th - June 2nd and the office will re-open on June 5th).

Final payment for the remaining balance is due by June 5th. No refunds!

RESCHEDULING AND CANCELLATION: Please take into consideration the following policies when changing your date(s)/session(s) or canceling your registration.

Session or Day(s) Changes: Changes to sessions or days must be emailed to operationsmanger@gpcp.org with at least two weeks notice prior to the beginning of the first session enrolled. The following are the deadlines for changes by session:
Session I: May 22nd - Session II: June 12th - Session III: July 3rd.

Name: _____ Signature: _____ Date: _____

501 Grant Street SE Atlanta, GA 30312 404-521-0440 e-mail: grantpark@gpcp.org website: www.gpcp.org

For Office Use Only: Ck #_____Amount:_____Date Rec:_____Time:_____Initials:_____