



SUMMER CAMP 2018 REGISTRATION (Preschool Age)
"The Tale of two Towns"

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 4 – JUNE 22	_____	_____
SESSION #2: JUNE 25 - JULY 13 (No camp on Wednesday, July 4)	_____	_____
SESSION #3: JULY 16– AUGUST 2	_____	_____

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 must be made in full by June 4th 2018. (Please note: School will be closed from May 28th - June 1st and the office will re-open on June 4th).
- Final payment for the remaining balance is due by June 4th. 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 Qiana Suggs (assistant director) at cabbagetown@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 21st - Session II: June 11th - Session III: July 2nd.

Name: _____ Signature: _____ Date: _____

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

For Office Use Only: Ck # _____ Amount: _____ Date Rec: _____ Time: _____ Initials: _____