



# SUMMER CAMP 2019 REGISTRATION- PRESCHOOL AGE CAMPS "The Hundred Languages of Children"

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 3 – JUNE 21	_____	_____
SESSION #2: JUNE 24 - JULY 12 (No camp on Thursday, July 4)	_____	_____
SESSION #3: JULY 15– AUGUST 1	_____	_____

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 3rd 2019.** (Please note: School will be closed from May 27<sup>th</sup> - May 31<sup>st</sup> and the office will re-open on June 3<sup>rd</sup>).

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](mailto: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 20<sup>th</sup> - Session II: June 10<sup>th</sup> - Session III: July 1<sup>st</sup>.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**501 Grant Street SE Atlanta, GA 30312 404-521-0440 e-mail: [administrativeassistant@gpcp.org](mailto:administrativeassistant@gpcp.org) - website: [www.gpcp.org](http://www.gpcp.org)**

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



