|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name: |  | Name Used |  |
| Sex: |  | DOB: |  |
| Toilet Trained? Yes  No  In Process | | | |
| Allergies/Health Concerns: |  | | |
| Home Address: |  | | |
| \*Parent Name: |  | Relation: |  |
| Occupation: |  | Employer: |  |
| Contact Number: |  | Email Address: |  |
| \*Parent Name: |  | Relation: |  |
| Occupation: |  | Employer: |  |
| Contact Number: |  | Email Address: |  |
| Family attends church where? |  | How did you hear about HCP |  |
| Describe your |  | | |
| child/concerns: |  | | |
| **\*Summer Camp meets for 8 weeks Monday thru Friday, 9:00 AM - 2:00 PM, beginning Monday, June 10, and ending Friday, August 2. (No camp July 4.)**  **Please indicate which program your child will attend:**  Entire Summer Camp - $1,210 due June 10th.  Weekly - $165 per week billed bi-weekly and due Monday mornings in advance.  Please indicate which weeks your child will attend:  Daily - $28 per day due in advance of attendance. Billing frequency to be arranged with director. | | | |

MON  TUES  WED  THURS  FRI

**To enroll your child, please return this form in person or via email to** [**hcpdirector@gmail.com**](mailto:hcpdirector@gmail.com)**.**

**A $110 deposit, which will be credited toward summer payments, will be billed via the Brightwheel billing app upon receipt of application.**

Scholarships offered based on financial need. Ask about our sibling discounts and tuition credit for referrals!

Would you like to give a gift to help sponsor another child? Please inquire via email.

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Parent Signature:** |  | **Date:** |  |

Children should bring a nut-free snack and lunch each day.