Summer Camp Registration Form

Wings Summer Camp programs are held Tuesdays, Wednesdays, and Thursdays from July 10 – August 16, 2018. For enrollment eligibility requirements, please see below. For information about what each program offers your child, please visit our website at www.crosswindsonline.org/wings.

Today's Date _____

Please Print:

Child's Name _____ First _____ Middle _____ Last

Child's Birthday _____ **Gender** ☐ Male ☐ Female

Child's Address _____

Enrollment Eligibility

- Completion of at least one year of preschool and/or kindergarten for participation in the morning program.
- Completion of kindergarten, first grade, and/or second grade for participation in the afternoon program.
- A completed Wings Summer Camp Registration Form submitted to Wings Christian Preschool.
- If registering for all 6 weeks A non-refundable registration fee of $125 is to be paid at the time of registration.
    - Two $100 payments to be made by July 1, 2018 and August 1, 2018.
- If registering for single weeks, tuition of $65/week is to be paid when registering. (limited spaces available)

I would like to enroll my child in Summer Camp on:

☐ **T, W, and Th AM, from 9-00 – 11:30. My child has completed at least one year of preschool and/or kindergarten.**

☐ **T, W, and Th PM, from 12:30 – 3:00. My child has completed kindergarten, first grade, and/or second grade.**

If enrolling for single weeks, please circle the weeks that your child plans to attend: enrollment as space allows.

July 10–12 Community Helpers July 17–19 African Safari July 24-26 The Wild West
July 31-August 2 Arctic Exploration August 7-9 Outer Space August 14-16 Medieval Times

Mother's Name _____ **Phone Number** _____

Father's Name _____ **Phone Number** _____

Marital Status _____ **Email Address** _____

Mother's Employer _____ **Phone Number** _____

Father's Employer _____ **Phone Number** _____

Siblings & Birthdays _____

Who do you authorize to pick your child up from Wings?

Name _____ **Phone Number** _____ **Relationship** _____

Name _____ **Phone Number** _____ **Relationship** _____

Please complete other side . . .

Wings Summer Camp Registration Form, continued

Child's Name _____ First _____ Middle _____ Last

Other Information About Your Child:

Does your child have allergies? ☐ Yes ☐ No If yes, please explain: _____

_____

_____

_____

Is your child left or right-handed? ☐ Left ☐ Right ☐ Uncertain

Does your child have any special needs that we need to be aware of? ☐ Yes ☐ No If yes, please explain:

_____

_____

_____

Does your child have any fears that you're aware of? ☐ Yes ☐ No If yes, please explain:

_____

_____

_____

What is your church affiliation? _____

How did you find out about Wings Summer Camp? _____

Parent's Signature _____ **Date** _____

Wings Christian Preschool
Crosswinds Wesleyan Church, 3360 Middle Cheshire Rd., Canandaigua, NY 14424

(585) 394-5857
Email: wings@crosswindsonline.org
Website: www.crosswindsonline.org/wings