

Registration

Gaston Day School
Summer Camp 2017



Mail to:

Florence Kane
Gaston Day School
2001 Gaston Day School Road
Gastonia, NC 28056
Phone: 704-864-7744, ext. 125

There is a separate registration form for Summer Adventure Care/Extended Care

Please Use Blue or Black Ink

Please PRINT:		E-MAIL ADDRESS	
<i>Applicant's Name (Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>Age</i>
<i>Mother's Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Father's Street Address (if different)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Mother's Name</i>	<i>Father's Name</i>		
<i>Home Telephone</i>	<i>Mother's Daytime and Cell Phone</i>	<i>Father's Daytime and Cell Phone</i>	
<i>Applicant's School & Grade in School (Fall, 2017)</i>	<i>School Attending Now(if different from fall)</i>		

Emergency Medical Information

<i>Physician's Name</i>	<i>Physician's Telephone</i>	<i>Hospital Preference</i>
<i>Insurance Company</i>	<i>Policy Number</i>	<i>Phone Number</i>

Please check here if you do not have medical insurance

Are there any special medical conditions or other information of which the school should be aware?

<i>Local Emergency Contact Other Than Parent</i>	<i>Phone Number</i>	<i>Work and/or Cell Phone Number</i>
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The following Waiver must be signed by parent/guardian of all registrants:

Waiver

In the event that my child needs medical attention, I authorize the school and give my consent to the school to provide such service and/or to transport my child to a hospital or treatment facility. I hereby certify that my child is in good health and may participate in all activities. I hereby give my permission for my child's picture to appear in future publications. I give permission for my child to ride in school-provided transportation to camp activities as necessary.

Parent/Guardian Signature

Date

Camps

Student's Name: _____

You may mix and match morning and afternoon camps from the programs available. Lunch supervision will be included at no charge when students take an all-day schedule of courses.)

Camp Title	Dates	Time	Tuition	Activity/Supply Fees

Total Tuition Due _____

Extended Care

Extended care will be offered at an additional cost. Lunch supervision for full day campers **only** will be provided at no additional cost. **Contact Starr Hovis regarding payment for extended care.**

Before Program Care (7:30 – 9:00 a.m.)

After Program Care (4:00 – 6:00 p.m.)

Half Day Program Care (7:30-12:00 /1:00 – 6:00 p.m.)

Payment

Full payment, check or cash, must accompany the application. Please make checks payable to Gaston Day School. **(Exceptions: For amounts of \$300 or more, you may pay half the fee with the application and the balance should be paid before May 10.)**

All programs are subject to a minimum enrollment. There will be no refunds after April 20 unless the course is cancelled due to lack of sufficient enrollment.

Once you have a 2017 registration form on file, you may add courses over the telephone.

Total Tuition _____

Total Paid _____

All summer camps meet in the commons near the front office on the first day.