

Registration

Gaston Day School Summer Camp 2018



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:

Email Address

Applicant's Name (Last)

(First)

(Middle)

Age

Mother's Street Address

City

State

Zip Code

Father's Street Address (if different)

City

State

Zip Code

Mother's Name

Father's Name

Home Telephone

Mother's Daytime and Cell Phone

Father's Daytime and Cell Phone

Applicant's School & Grade in School (Fall, 2018)

School Attending Now(if different from fall)

Emergency Medical Information

Physician's Name

Physician's Telephone

Hospital Preference

Insurance Company

Policy Number

Phone Number

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?

Local Emergency Contact Other Than Parent

Phone Number

Work and/or Cell Phone Number

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

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Camps

Student's Name: _____ Grade in Fall: _____

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 Ms Amber Ramkissoon** (aramkissoon@gastoday.org) **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 2018 registration form on file, you may add courses by email.

Total Tuition _____

Total Paid _____

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