



CPC Day School | Central Presbyterian Church of NY

CPC Summer Camp 2020

	Name	DOB	Grade (Sep.)	School
1 st Child				
2 nd Child				
3 rd Child				

Medical Conditions, Allergies and/or Restrictions	
1st Child	
2nd Child	
3rd Child	

Address	Street:
	City: State: Zip Code:

Mother's Information			
Name		Cell Phone	
Email		Attending Church	
Father's Information			
Name		Cell Phone	
Email		Attending Church	
Emergency Contact			
Name & Relationship		Cell Phone	
Authorized Pick-up other than Parents *** must be 18 years or older			
Name & Relationship		Cell Phone	

Medical Information	
1st Child	Dr's Name : Phone:
2nd Child	Dr's Name : Phone:
3rd Child	Dr's Name : Phone:

Official Use ONLY

Date	Total	Payment	Balance	Check No.	Ref.



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Special Activity (1st – 7th grade ONLY)

Please select **three** out of each category from the list of special activity classes below. According to the class size, **students will be registered for one out of their three choices from each category on a first-come, first-served basis.** Each class will meet twice a week on Monday/Wednesday or Tuesday/Thursday.

	Category A			Category B		
	1 st Choice	2 nd Choice	3 rd Choice	1 st Choice	2 nd Choice	3 rd Choice
1 st Child						
2 nd Child						
3 rd Child						

Category A				Category B		
1	2	3	4	1	2	3
Lego	Craft	Art	Chess	Korean Dance	Stretching Ballet	Worship Dance
1 st – 4 th	1 st – 4 th	1 st – 7 th	3 rd – 7 th	1 st – 4 th	1 st – 4 th	1 st – 7 th
5	6	7	8	4	5	6
Badminton	Table Tennis	Basketball	Cooking	Sing Along	Kumdo	Korean Drums
3 rd – 7 th	4 th – 7 th	4 th – 7 th	4 th – 7 th	1 st – 7 th	3 rd – 7 th	3 rd – 7 th

Parent's consent is required for the following items. If parental consent is not received, a child may not be accepted to the program. Please check the boxes and initial where indicated provided you are consenting to the items.

I, _____, parent/guardian of listed child(ren) agrees to the following.

* If parents or emergency contact cannot be reached, I give permission for my child(ren) to be treated by a physician and/or hospital if he/she requires medical attention during hours while in custody of Central Presbyterian Church of New York Summer Camp Program. The Director is authorized to seek such medical or health related attention that he/she deems necessary.

_____ (initial)

* I give consent for my child to be photographed during group activities and for these photographs to be posted online and printed for advertising purposes and understand that any picture or video taken by or on behalf of CPC Summer Camp will be its exclusive property and may be used for any reasonable purpose related to its business. _____ (initial)

* I acknowledge that I have received a copy of CPC Summer Camp program policies. _____ (initial)

* I am registering my child(ren) to Central Presbyterian Church of NY Summer Camp Program and I agree to follow all the rules and join the activities (including religious activities) of the Camp. _____ (initial)

Parent's /Guardian's Signature: _____ Date: _____