

Grant Park Cooperative Preschool

Summer Camp Registration: Preschool age

Child's last name: _____ First name: _____ Nickname: _____

Date of Birth: _____ Child's age at last birthday: _____ Gender: M F Other

Address: _____ City: _____ Zip code: _____

#1 Parent name: _____ Occupation: _____

Main phone: _____ Work phone: _____ Email: _____

#2 Parent name: _____ Occupation: _____

Main phone: _____ Work phone: _____ Email: _____

My child has the following special needs: _____

These special accommodations may be required to most effectively meet the needs of my child:

Session	Age group / theme	Days requesting
Session 1: June 1 - June 19		
Session 2: June 22 - July 10 (No camp on Friday, July 3)		
Session 3: July 13 - July 30 (No extended day Thursday, July 30 School Closed on Friday, July 31)		

I, the undersigned, understand that I am responsible for the total Summer Camp tuition payment and that a non-refundable payment of the first full session per child is due at the time of registration. Children who are new to GPCP must pay a non-refundable registration fee of \$50 per child in addition to the other session fees. **Forms will not be accepted without payment!** The remaining balance must be made in full by June 1st 2020. School will be closed from May 25th - May 29th and the office will reopen on June 1st. Rescheduling & Cancellations: To make changes to your sessions or days, email: administrativeassistant@gpcp.org at least 2 weeks prior to the beginning of the first session you are enrolled. **There will be no refunds for Summer Camp after May 18, 2020**

Printed Name: _____ Signature: _____ Date: _____

Check #: _____ Amount: _____ Date received: _____ Time: _____ Initials: _____