



Summer Camp Registration Form

Wings Summer Camp programs are held Tuesdays, Wednesdays, and Thursdays from July 9 – August 15, 2019.
For enrollment eligibility requirements, please see below. For information about what each program offers your child, please visit our website at crosswinds.church/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, 2019 and August 1, 2019.
- 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, Th AM, from 9-00 – 11:30. My child has completed at least one year of preschool and/or kindergarten.

T, W, 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 9–11: Community Helpers July 16–18: African Safari July 23-25: The Wild West
 July 30-August 1: Arctic Exploration August 6-8: Outer Space August 13-15: 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: _____

Is your child left or right-handed? <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Uncertain
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Does your child have any special needs that we need to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: _____

Does your child have any fears that you're aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: _____

What is your church affiliation? _____
How did you find out about Wings Summer Camp? _____

Parent's Signature _____	Date _____
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Wings Christian Preschool
Crosswinds Wesleyan Church, 3360 Middle Cheshire Rd, Canandaigua, NY 14424
(585) 394-5857
Email: wings@crosswinds.church
Website: crosswinds.church/wings

