

SUMMER DAY CAMP 2019 FEES

8 Weeks - 6th Grade



Student's Name _____ Date of Birth ____/____/____ Grade Level, Fall 2019 _____

Parent Name(s) _____ Cell Phone _____

Pricing per Month	Half (9:00a-2:00p)	Full (8:00a-5:00p)	Extra Care
2-Day Program (T, TH)	\$245	\$410	\$5/hour
3-Day Program (T, W, TH)	\$348	\$580	\$5/hour
5-Day Program (M - F)	\$513	\$859	\$5/hour

*Infant rates are slightly higher.

Session	2 Day Half T, TH	2 Day Full T, TH	3 Day Half T, W, TH	3 Day Full T, W, TH	5 Day Half M-F	5 Day Full M-F	Comment if extra care is needed.
June							
July							

Registration & Supply Fee: \$35 for one child / \$60 per family \$ _____

Total due for June \$ _____

Total due for July \$ _____

Make checks payable to **Highland Day School**. Please put your child's name on all checks.

Enclose registration fee and return to:

Highland Day School Summer Camp, 400 N Houston Levee Rd., Cordova TN 38018

(June tuition is due by June 10. July tuition is due by July 10.)

Look at our weekly themes!

June 3-7 / Teamwork

June 10-14 / Beach

June 17-21 / VBS

June 24-28 / Rainforest Adventures

July 1-3 / God Bless the USA (closed July 4)

July 8-12 / Space

July 15-19 / Camping

July 22-26 / Peace, Cooking, Gardening

July 29-August 2 / Treasure Hunters

SUMMER DAY CAMP REGISTRATION

8 Weeks - 6th Grade



For Office Use Only	
Date Entering	Age Group
Date Visited	Days (circle) Mon/Tues/Weds/Thurs/Fri
Fees Paid	

Child's Name _____ Male _____ Female _____
 Nickname _____ Child's Birthday _____

Mother's Name _____
 Address _____ City _____ Zip _____
 Employer: _____ Office Address _____ Hours _____
 Work Phone # _____ Home Phone # _____
 Email Address _____ Cell Phone # _____

Father's Name _____
 Address _____ City _____ Zip _____
 Employer: _____ Office Address _____ Hours _____
 Work Phone # _____ Home Phone # _____
 Email Address _____ Cell Phone # _____

Highland Church Member? Yes No If not, where? _____

To insure your child's safety, please list other persons to whom your child may be released / persons authorized to act for parent in the event parents cannot be reached:

Name / Relation _____
 Address _____ Phone # _____

Name / Relation _____
 Address _____ Phone # _____

Name / Relation _____
 Address _____ Phone # _____

Other children in the family:

Physician's Name _____ Phone # _____
 Physician's Address _____
 Any allergies? _____ List food allergies _____
 List other allergies _____ Symptoms _____

In the event of an emergency, I grant permission for the HDS Program Director or person in charge to secure medical attention for my child. I have also received a copy of the Department of Education's Summary of Certification Requirements & HDS Parent Handbook.

Parent's Signature _____

Has your child ever attended a school/child care facility? Yes No
 If so, where? _____

Helpful Information:
 Is your child accustomed to taking a nap? _____ For how long? _____
 Is your child toilet trained? _____ Any particular fears? _____
 Please provide any other information which you feel may be helpful: