

# CPC Adventure Summer Camp

**Covenant Presbyterian Church**  
 322 W. Pecan, Sherman, TX  
 To Register: Phone: 903.892.1502  
 Email: preschool@cpcsherman.org

**One form per child**

Camper's Name: \_\_\_\_\_  
 Gender: Female  Male  DOB: \_\_\_\_\_ Age as of 1<sup>st</sup> day of camp: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Guardian's Name: \_\_\_\_\_ Guardian's Name: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**\$500 per camper per session**  
**Or \$35 a Day**  
**\$50 non-refundable registration fee per session**

**Children enrolled in the Day Out Program are required to be at least 3 months to 12 years**

Date of Camp Week	Put an X for Sessions Attending	Hold Spot/Supply Fee Per Session (For office use only circle when paid)	Tuition for Week Paid (For office use only circle when paid)
May 28- June 28			
July 1- August 2			
<b>Total amount paid:</b>			

**Special Needs:**

Please indicate any special information we should know about your child: food allergies, family situations, concerns about inappropriate people picking up your child, pets, fears, other allergies etc. If there are none, please write None and Initial. Please continue on back if more space is needed.

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**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

In the event that I cannot be reached to make arrangements for emergency medical care, I hereby authorize the staff members of

Covenant Presbyterian Preschool or \_\_\_\_\_ to obtain emergency medical care  
and to transport my child for emergency medical treatment. Name & Phone Number

Signature-Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**LIABILITY RELEASE**

I release Covenant Presbyterian Church, the Presbyterian Church (U.S.A.) and its employees and agents, Covenant Presbyterian Preschool Staff and Governing Committee, and agree to hold the same harmless from any and all claims, causes in action, or other liability incurred for any reason except gross negligence during attendance at any Preschool session on or off the premises of the Covenant Presbyterian Church and while in transit to or from any session.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**ACKNOWLEDGEMENT**

My signature verifies that I have received and read **The Covenant Presbyterian Preschool Operational Policies.**

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

My signature verifies that I have received and read **The Covenant Presbyterian Preschool Discipline Policy.**

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

My signature verifies that I have received and read **Preventing & Responding Abuse and Neglect of Children.**

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

My signature verifies that I have received and read **PARENT POLICY ADDENDUM COVID-19.**

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE FOR: (Name of Child) \_\_\_\_\_**

Please circle one

Yes No I give permission for my child's picture to appear on bulletin boards and framed photos within the Covenant Presbyterian Church building.

Yes No I give my permission for my child's picture to appear in the publications of Covenant Presbyterian Church.

Yes No I give permission for my child's picture to appear on a Covenant Presbyterian Preschool website or brochure.

Yes No I give permission for my child to be included in video taken by local television stations. These films may be broadcast.

Yes No I give permission for my child to be photographed by the local newspaper and for these photographs to be published in the newspaper.

Yes No I give permission for my child's picture to be posted on the Covenant Presbyterian Preschool Facebook page.

Yes No I give permission for my child's picture to be posted on their classroom **Classdojo**. This is how our school communicates with parents/guardians.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**AGREEMENT**

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

I have read and do accept all the policies of Covenant Presbyterian Preschool.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Preschool Director \_\_\_\_\_ Date \_\_\_\_\_

My signature verifies that I have received and read **The Covenant Presbyterian Preschool COVID-19 Policies.**

Signature \_\_\_\_\_

Date \_\_\_\_\_