



North Metro CDC SonShine Camp 2022 Oceans of Fun

Dr. Frank Cox, Senior Paster
 Mrs. Sherelene Scates, Director
 1026 Old Peachtree Road, NE
 Lawrenceville, GA 30043

Camp Ages

Must be 2 by June 1, 2022. Children will be divided by age into classes. Due to the flexibility of attendance, you child may or may not be in the same class for all four weeks.

Bring Every Day

- Lunch and water bottle
- Well Sun screened body for lots of outdoor play
- Great expectation of having Oceans of Fun

SonShine Camp Schedule

Hours 9:00 am-1:00 pm

Week 1	June 14	June 15	June 16
Week 2	June 21	June 22	June 23
Week 3	July 5	July 6	July 7
Week 4	July 12	July 13	July 14

Costs

The cost for each week is \$90. For each additional sibling, the cost is \$75. One week's attendance fee is required at time of registration. We will have limited spacing this year due to staff shortage, so please sign up early.

Registration Form

Child's Name _____

Birth Date _____ Sex: Male _____ Female _____

Address _____ City _____ Zip _____

Father's Name _____ Day Phone# _____

Mother's Name _____ Day Phone# _____

Email Address _____

Medical/Allergy Concerns _____

Emergency Contacts (Name and Number):

List ALL people who have permission to pick up your child: _____

Child's age as of 9/1/2022 _____ Please check weeks attending:

Week 1 (June 14-16)

Week 3 (July 5-7)

Week 2 (June 21-23)

Week 4 (July 12-14)

It is mutually agreed that in the event of an accident or illness of the child while in the care of the Child Development Center, the CDC shall use its best efforts to contact the parent immediately. In the event the parent is not immediately available, however, the CDC is authorized to secure such care as the situation may reasonably warrant. When the parents cannot be immediately contacted, the CDC will use its best efforts to contact your emergency contacts.

The parent agrees that where the CDC has acted in good faith to comply with an accident and/or illness procedure it shall not be liable for any accident or illness to the child, any and all liability as might otherwise exist being expressly waived by the parent.

Parent's Signature

Date

Doctor's Name/Number

Hospital Preference/Insurance#

Please note our program is license exempt. The CDC reserves the right to dismiss any child for continual or extreme bad behavior without any refund.