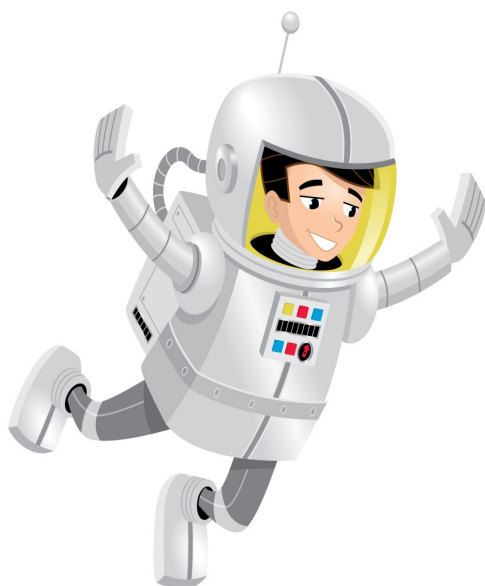
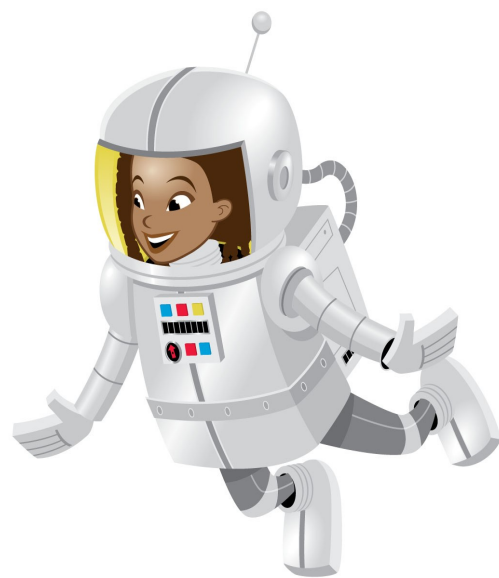


**NORTH METRO CDC SONSHINE SUMMER CAMP INVITES YOU  
TO EXPLORE**



# **GOD'S GREAT GALAXY**



## **CHILDREN AGES 2-8**

**(AS OF 9/1/2019) ARE INVITED TO  
ANY OR ALL WEEKS OF CAMP.**

**CAMP GOERS SHOULD (EACH & EVERY DAY):**

- **BRING A LUNCH AND WATER BOTTLE**
- **WEAR SUNSCREEN (APPLIED BEFORE ARRIVAL).**
- **BE PREPARED TO HAVE SOME SERIOUS FUN!!!**

## **SONSHINE CAMP SCHEDULE**

**HOURS 9:00 AM—1:00 PM**

<b>WEEK 1</b>	<b>JUNE 11</b>	<b>JUNE 12</b>	<b>JUNE 13</b>
<b>WEEK 2</b>	<b>JUNE 18</b>	<b>JUNE 19</b>	<b>JUNE 20</b>
<b>WEEK 3</b>	<b>JULY 9</b>	<b>JULY 10</b>	<b>JULY 11</b>
<b>WEEK 4</b>	<b>JULY 16</b>	<b>JULY 17</b>	<b>JULY 18</b>

## **COSTS**

**THE COST FOR EACH WEEK IS \$75. FOR EACH ADDITIONAL SIBLING, THE COST IS \$70. IF YOU CHOOSE ALL FOUR WEEKS, THE COST IS \$275 AND \$270 FOR EACH ADDITIONAL SIBLING. FEES ARE DUE AT THE TIME OF ENROLLING, WHICH IS ON A FIRST COME/FIRST SERVE BASIS. THERE WILL BE LIMITED SPACES THIS YEAR, SO PLEASE REGISTER QUICKLY.**

### Emergency Care, Waiver of Liability

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#

The CDC reserves the right to dismiss any child for continual or extreme bad behavior without any refund.

#### 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 September 1, 2019

\_\_\_\_\_

#### I'm registering this child for:

- Week 1      June 11-13
- Week 2      June 18-20
- Week 3      July 9-11
- Week 4      July 16-18

**\*\*Please be sure to fill out both front and back of this form. Then, tear at the dotted line and turn in.**