



Rehoboth 2022 Summer Camp Registration

Child's Full Name _____ Goes by _____

M F Birth Date _____ Age _____

Child's Home Address _____

City _____ State _____ Zip _____

Child's Living Arrangements Both parents Mother Father Other

Child's Legal Guardian Both parents Mother Father Other

Mother's Name _____ Mother's Email _____

Mother's Address (if different from child's) _____

City _____ State _____ Zip _____

Mother's Cell Phone _____ Mother's Home Phone _____

Mother's Employer _____ Mother's Work Phone _____

Mother's Employer's Address _____

City _____ State _____ Zip _____

Father's Name _____ Father's Email _____

Father's Address (if different from child's) _____

City _____ State _____ Zip _____

Father's Cell Phone _____ Father's Home Phone _____

Father's Employer _____ Father's Work Phone _____

Father's Employer's Address _____

City _____ State _____ Zip _____

Child's Physician _____ Physician Phone _____

(Please furnish a copy of immunizations within 30 days of enrollment)

List persons other than yourself and your spouse to whom we may release your child or call in case of an emergency and we are unable to reach you:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

List any persons who may **NOT** pick up your child _____

Child's Name _____

Persons to contact in case of an emergency and parent(s)/legal guardian cannot be reached:

Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

Please describe any physical problems or information we should know about: _____

Please list any allergies you child has: _____

Please list any medications your child is taking: _____

2022 Summer Camp Selection

Please indicate the week(s) your child will be attending. See the full description for each week at rehoboth.org/summercamp.

The camp day is 8:00AM–5:00PM

A sack lunch is required each day.

Daily snacks are included.

****Your child's spot is not secured until all fees are paid. See payment details on the following page.****

June 13-17: *Summer Connection*

June 20-24: *Character Days*

June 27-July 1: *Spirit Week*

July 5-8: *Camp Got Talent*

July 11-15: *DIY Challenge*

I verify the above information to be correct. I understand that I cannot register my child without appropriate age documentation, which is attached to this registration form.

Parent Signature _____

Date _____

The registration form can be completed and emailed to schoolkids@rehoboth.org or printed and brought to the Preschool Academy office, Monday-Friday, 9am-4pm, 2997 Lawrenceville Hwy, Tucker, GA 30084. You may also mail the registration form to Rehoboth Preschool Academy, 2997 Lawrenceville Hwy, Tucker, GA 30084.

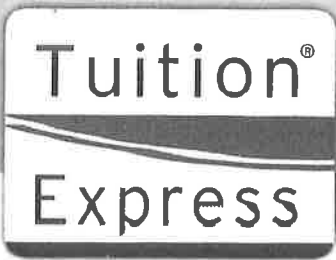
There is a non-refundable registration fee of \$80/child, payable by check or money order.

Please make checks or money orders payable to Rehoboth Preschool Academy.

***Your registration is not complete, and your child's spot is not secured,
until you have submitted the non-refundable registration fee.***

The registration form AND registration fee must be completed and received on or before April 15, 2022.

***FULL TUITION, \$130/child/week, is due no later than May 27, 2022 to reserve your child's spot. ,
A 3% processing fee will apply to all credit card payments.***



Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Form fields for Section A: Cardholder Name, Phone #, Cardholder Address, City, State, Zip, Account Number, Expiration Date, Cardholder Signature, Date

SECTION B (Bank Account)

Form fields for Section B: Your Name, Phone #, Address, City, State, Zip, Bank or Credit Union Name, Bank or Credit Union Address, City, State, Zip, Routing Transit Number, Account Number, Checking, Savings

Authorized Signature, Date

For Official Use Only

Date Received, Employee Signature

Check stub image with fields: John Sample, Mary Sample, 123 Nice Street, Anytown, USA; BANK OF THE WEST, 555-555-5555; 00226; Pay to the order of: Attach Voided Check Here \$; Deposit slips not accepted Dollars; Routing Number 123456789, Account Number 1800330, Check Number 0226

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