

**Park City Cooperative Preschool  
2018 Summer Camp Registration  
Non-Coop Student Registration**

**Cost: \$130**

Please complete and return this form to PCCP, along with your **non-refundable** payment for each week your child is registered. Summer tuition will not be prorated to accommodate missed days. You will receive an email confirmation for registered camp(s).

Week # (circle the # of the camp(s) you wish to attend):

**1** June 18-21 Little Chefs **2** June 25-28 Blast Off to Space

**3** July 30- August 2 Garden Gnomes And Fairies **4** August 6-9 Somewhere Over the Rainbow

Tuition Amount Enclosed: \_\_\_\_\_ weeks @\$130 each = \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: (MM/DD/YY) \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (all pertinent #s): \_\_\_\_\_

Allergies/Health Concerns: \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

\*If you anticipate your child will have some special needs integrating into the group environment, please contact the teachers in advance to discuss accommodations.

Release for transportation and/or liability: \_\_\_\_\_ has my permission to accompany his/her class from Park City Cooperative Preschool on such field trips as are arranged during the year. I understand that the school will ensure supervision but cannot be responsible in case of accident. Furthermore, I hereby give permission for my son/daughter to receive emergency medical or surgical treatment and to be hospitalized if necessary. In no event will the Park City Cooperative Preschool, its staff or parent supervisors be held liable for any first aid rendered or treatment, drugs, medicine, or surgical procedures performed pursuant this consent.

\_\_\_\_\_ Signed, Parent/Guardian \_\_\_\_\_ Date