



Summer Camp Participation and Agreement Form

Mission:

Sonshine Christian's mission is to serve ALL God's children by recognizing and responding to the whole child, meeting them where they are at daily and partnering with families to help them grow physically, spiritually, emotionally and intellectually so that they can impact their world for Christ.

For more information on Sonshine Christian please visit our website at
<https://sonshinevancouver.org>
Or contact us at sonshinevancouver@gmail.com

Parent/Guardian: _____ **Home Phone:** _____

Address: _____

Work phone: _____ **Mobile Phone:** _____

Email: _____

May we photograph and video your child and their art for the our website, brochures, or social media?

- Yes
- No

Student Name: _____ **Age:** _____ **Birthdate:** _____

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Days seeking attendance:

Program hours 7:00 AM to 5:00 PM

- Monday**
- Tuesday**
- Wednesday**
- Thursday**
- Friday**

Medical Emergency:

In case of emergency, please contact the following:

Name: _____ **Relationship:** _____ **PhoneNumber:** _____

Name: _____ **Relationship:** _____ **PhoneNumber:** _____

Name: _____ **Relationship:** _____ **PhoneNumber:** _____

Medical History:

Please list any medical conditions we need to be aware of including but not limited to: (Diabetes, seizures, food, insects, latex, drug allergy, asthma, ect...)

If so, will you be providing an inhaler, epi-pen, ect...?

Does your child routinely take medication?

Rate:

- **\$100.00 registration Fee**
- **\$60 per day flat**

Late pickup:

If you are going to be late to pick up your child(ren), every effort must be made to contact the childcare provider. In the event that you are late, there will be a \$2 per minute late fee added to your fee.

Payments:

- 1. Payments will be due at the beginning of each month for the month of attendance.**
- 2. Students will not be allowed to attend summer care until the month's payments are made in full.**
- 3. If your child misses a day we are unable to provide refunds, but the student can make up the day on a different day.**
- 4. There will be no care on the week of July 4th.**

Parent Signature:

_____ **Date:** _____