

SUMMER "SONSATIONS"
HOPE SPRINGS COMMUNITY CHURCH
REGISTRATION FORM

Today's Date _____

Child's Full Name: _____

Gender _____ Date of Birth _____ Home Phone _____

Address: _____

Father's/Guardian Name: _____ Contact Phone: _____

Mother's/Guardian Name: _____ Contact Phone: _____

Does your child have any special needs that we should be aware of?

Does your child have any food allergies that we should be aware of?

If your child is in first grade or above, do we have your permission to take your child to a park close by?

Dates that your child will be enrolled in the "Summer Sonsation" Program at Hope Springs

I agree to pay a \$ _____ non-refundable registration fee which holds a place for my child in the summer program. I also agree that daily/weekly tuition must be paid in advance daily or weekly to guarantee that my child will be able to participate in this program. Space is limited and it is our goal to make this summer a great time for both child and parent. Therefore, punctuality in attending when he/she is signed up for is of the utmost importance.

Signature of Parent/Guardian

Date