



Preschool Camp Application

2010-11

4300 CAMP CHESTNUT RIDGE ROAD
EFLAND, NORTH CAROLINA • 27243
(919) 338-2820 • FAX (866) 372-5801

INFO@CAMPCHESTNUTRIDGE.ORG • WWW.CAMPCHESTNUTRIDGE.ORG

Our mission is to glorify God by making visible the life-changing love of Jesus Christ through the practices of Christian hospitality, responsible care for the earth, and meaningful fellowship that strengthens and grows the Christian community.

Our preschool camp is a nature based education program for children 3 – 5 years old. In a small group setting, preschoolers are given the opportunity to explore, learn, and engage in nature-based educational activities with a Christian worldview.

1ST CAMPER'S NAME _____ DATE OF BIRTH ___ MALE FEMALE
2ND CAMPER'S NAME _____ DATE OF BIRTH ___ MALE FEMALE

CAMPER(S) ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

CAMPER(S) HOME PHONE _____

FATHER'S NAME _____ MOTHER'S NAME _____

FATHER'S BUSINESS PHONE _____ MOTHER'S BUSINESS PHONE _____

FATHER'S CELL PHONE _____ MOTHER'S CELL PHONE _____

WITH WHOM DOES CAMPER LIVE? _____

EMERGENCY CONTACT _____

EMERGENCY CONTACT PHONE _____

PARENT / GUARDIAN EMAIL ADDRESS _____

LOCAL CHURCH _____ WOULD YOU LIKE TO RECEIVE OUR NEWSLETTER VIA EMAIL?
YES NO

HOW DID YOU HEAR ABOUT CHESTNUT RIDGE? _____

DOES THE CAMPER HAVE ANY SPECIAL NEEDS? YES NO (SPECIAL NEEDS CAN INCLUDE DIET, ALLERGY, DISABILITIES, DISORDERS, ETC. PLEASE PROVIDE FURTHER INFORMATION ON HEALTH FORM INCLUDED WITH YOUR CONFIRMATION PACKAGE. PLEASE NOTE THAT CHESTNUT RIDGE'S PRESCHOOL CAMP IS NOT A SPECIAL NEEDS PROGRAM AND MAY NOT BE SUITED FOR ALL INDIVIDUALS WITH SPECIAL NEEDS.)

HOW WOULD YOU PREFER TO RECEIVE CONFIRMATION MATERIALS? EMAIL US MAIL (EMAIL HELPS MINIMIZE CAMP COSTS & SAVE TREES©)

Parent or Guardian Covenant

1. I agree to supply a completed Health History form for my camper(s).
2. I have read, understand and will comply with the Financial Arrangements as stated on the reverse of this form.
3. In case of emergency, the Director or his/her designee has my permission to secure medical attention if unable to contact me immediately.
4. I agree that Chestnut Ridge is released from liability in connection with medical treatment and unavoidable accidents.
5. My child has permission to leave the camp with authorized camp staff for scheduled trips and outings.
6. I understand the risks involved in activities my child will choose or has already chosen. I accept all risks including those activities preliminary and subsequent to the chosen activities.
7. I give my permission for my child's picture to be used in Chestnut Ridge promotional material.
8. The Camp Director reserves the right to decline the application of any child, or send home any child who, according to the Director's discretion, is not a desirable associate for the other campers, or puts themselves or others at risk.

Parent/Guardian signature _____





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FINANCIAL ARRANGEMENTS: SUPPLY FEE, TUITION & LATE PICK-UP

Supply Fee: Upon acceptance, a \$95 non-refundable annual supply fee is due. _____ (Initials)

Last Month's Tuition: Each student's last month's tuition is required upon acceptance to secure space.
This fee is non-refundable. _____(Initials)

Tuition: \$180 per month for Tuesday, Wednesday, Thursday classes from 9:00 am- 12:00 pm

FOR ALL STUDENTS

1. **Tuition is due monthly by the 15th of each month.** Preschool invoices will run on the 1st of each month. A late payment fee of \$20 will be assessed to the camp account on the next business day following the 15th. The courtesy of one month's notice is requested for any child discontinuing the program. ____ (Initials)

2. **Late pick-up fees:** Preschool ends daily at 12:00 pm. Late pick-up fees will be assessed to the camp account as follows: \$10 Late pick-up fee if pick-up is 12:15-12:30. Additional \$1 per minute for every minute past 12:30 pm. Late pick-up fees will appear on the monthly invoices and are due upon invoice receipt. _____ (Initials)

Credit Card Payments:

Amount to be charged \$_____ Cardholder signature _____

Visa / MasterCard number: _____ Expiration date: _____ 3 digit security # - _____

Cardholder name _____

DONATIONS – Income from fees covers approximately 90% of the annual operational expenses at Chestnut Ridge. The remainder of the annual budget is raised through donations from individuals and churches to the annual fund. The annual fund is an opportunity to give a tax-deductible gift to the camp which will enable us to keep our fees for summer camp, retreats, school group field trips and afterschool as low as possible. Your gift helps us to spread the ministry and “form the inside outside.”

Yes! I believe in the life-changing value of Christian outdoor and camping ministries, and I want to respond with a gift of:

_____ \$25 _____ \$50 _____ \$75 _____ \$100 \$ _____ (other amount)

