



REGISTRATION FORM 2024

**Cornerstone
Summer Camp**
8947 Albemarle Rd
Charlotte, NC 28227
704-537-1097 x 22
704-566-8306 Fax

CAMPER'S INFORMATION

1st Camper's Name: _____ Lives With: _____

Date of Birth: _____ Age as of August 31, 2024: _____ Male _____ Female _____

Please mark the desired days: Tues/Thurs Mon/Wed/Fri Mon/Tue/Wed/Thu/Fri

2nd Camper's Name: _____ Lives With: _____

Date of Birth: _____ Age as of August 31, 2024: _____ Male _____ Female _____

Please mark the desired days: Tues/Thurs Mon/Wed/Fri Mon/Tue/Wed/Thu/Fri

3rd Camper's Name: _____ Lives With: _____

Date of Birth: _____ Age as of August 31, 2024: _____ Male _____ Female _____

Please mark the desired days: Tues/Thurs Mon/Wed/Fri Mon/Tue/Wed/Thu/Fri

FAMILY INFORMATION

Parent/Guardian Primary Contact: _____ Relationship to child: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email address: _____ Employer: _____

Parent/Guardian Secondary Contact: _____ Relationship to child: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email address: _____ Employer: _____

Child's Primary Address: _____ City/State/Zip: _____

Child's Secondary Address: _____ City/State/Zip: _____

Parents Together/Separated: _____ Who has legal custody? _____

Language spoken at home? _____ Church home? _____

Name & birth date of non-enrolling siblings _____

PLEASE INDICATE YOUR DESIRED PAYMENT METHOD, DAYS AND SCHEDULE

My child(ren) will attend Summer Camp 9:00am to 1:00pm

My child(ren) will attend Summer Camp Plus 9:00am – 3:00pm

I will pay the full summer camp fees upfront.

I will pay summer camp fees in four equal payments - Due by June 10, June 24, July 15 and July 29

My child/children will attend the entire 8-week camp program.

My child/children will attend the following weeks of summer camp (a higher rate applies): Circle the weeks below:

1. June 10-14 – Summer Camp Adventures	5. July 15-19 – Rockin’ Robots!
2. June 17-21 – Heroes of the Bible	6. July 22-26 – Desert Oasis
3. June 24-28 – Artful Antics	7. July 29-August 2 – Under the Sea
4. July 8-12 – Sports of all Sorts	8. August 5-9 – Our Summer Favorites

EMERGENCY CONTACT AUTHORIZATION

(In addition to parents/guardians)

Name: _____ Phone Number: _____ Address: _____	Relationship to child: _____ PICK UP (circle choice): YES NO City/State/Zip: _____
Name: _____ Phone Number: _____ Address: _____	Relationship to child: _____ PICK UP (circle choice): YES NO City/State/Zip: _____
Name: _____ Phone Number: _____ Address: _____	Relationship to child: _____ PICK UP (circle choice): YES NO City/State/Zip: _____
Name: _____ Phone Number: _____ Address: _____	Relationship to child: _____ PICK UP (circle choice): YES NO City/State/Zip: _____

HANDBOOK ACKNOWLEDGEMENT AND MEDICAL AUTHORIZATION

I give the director and teachers permission to administer first aid, give CPR and to obtain necessary medical services on my child or children’s behalf.

_____ **Signature of Parent or Legal Guardian** _____ **Date**

*By signing this form, I acknowledge I have received and have read the
***2024 Summer Camp Parent Handbook** and agree to abide by the policies and guidelines in the handbook.*

_____ ***REQUIRED Signature of Parent or Legal Guardian** _____ **Date**

***Signature is required to register your child(ren) for our Summer Camp Program**