Mustard Seed Community Childcare at Our Savior

2025 Summer Camp
$420 Per Week

Registration is made on a space-available basis.

Mustard Seed CCOS strives to provide care to all children who are enrolled without discrimination,

Name of Child	**Age**	**Date of Birth**
Address	**City**	**Zip Code**
School	**Grade Entering in fall**	
Primary Contact		
Parent/Guardian	**Parent/Guardian #2**	
Cell Phone #	**Cell Phone #**	
Work Phone #	**Work Phone #**	
Home Phone #	**Home Phone #**	
Email Address	**Email Address**	

_____ Registratin Fee **$100**

Choose Weeks (Circle weeks registerieng for)

June 23-June 27	**July28 - August 1**
June 30 -July3	**August 4- August 8**
July 7- July 11	**August 11 -August 15**
July 14-1 July 18	
July 21 -July 25	

All registrations must be accompanied by the $100 registratin fee. Registration fee is per family and is applied to camp fee. Registration fee is non refundable

All camp fees must be paid by June 1st

Camp Tuition $420 per week

About Your Child

To help us provide the most appropriate care and supervision for your child, please inform us of any allergies or special needs which may require accommodation by our program.

_____

_____

_____

CUSTODY

If parents are divorced or separated, and/or the child is the subject of a court order, a certified copy (signed by a judge) of the most current document must accompany this form. If applicable, please indicate the court ordered custodial arrangement:

___ Joint Custody ___ Full Custody to Mother ___ Full Custody to Father ___ Full Custody to: _____

Does non-custodial parent have the right to visit the program site or take the child from the program site?

___Yes ***or*** (these require court order) ___ No ___ Only with prior written/verbal authorization

AUTHORIZATIONS

Mustard See CCOS needs two authorized emergency contacts other than parents.
Contacts must be at least 18 years of age.

NAME REL. TO CHILD

ADDRESS PHONE Cell

Home

Work

NAME REL. TO CHILD

ADDRESS PHONE Cell

Home

Work

You may list as many additional persons authorized to pick up your child as you wish. You may attach a signed additional sheet if necessary.
Under no circumstances will a child be released to any other person without prior authorization by parent.

NAME _____REL._____PHONE_____

NAME _____REL._____PHONE_____

NAME _____REL._____PHONE_____

WAIVERS

I certify that my child's physical conditin is satifactory for participating in the Haddonfield Child Care Summer Travel Camp. I recognise and ackowledge that there are certain risks of physical injury in any recreatinal program and I hereby assume full responsibility for any expenses as a result of my child's participation in the Mustard Seed CCOS Program.

I agree to: (a) waive and relinquish; (b) fuly release and discharge; and © indemnify and hold harmless the Mustard Seed Community Child Care at Our Savior and their officers, agents and employees from any and all claims from injuries, damage or loss which may accrue to me on account of my child's participatin in the Mustard Seed CCOS Program.

_____ _____

Parent/Guardian Signature Date

I give _____ I dn not give _____ Mustard Seed Comnunity Childcare at Our Savior permission to take pictures or video of mychild and give HCC permission to use any photographs or video footage of my child for any promotional orother legitimate reason, including newspapers, brochures, websits , Facebook, etc.

_____ _____

Parent/Guardian Signature Date

I hereby acknowledge that I have been given to read a Mustard Seed Coomunity Childcare at Our Savior Handbook , which includes:"Information to Parents", Release Policy, Discipline and Termination Policy, Fee % Payment Policy,and Mustard Seed CCOS Refund Policy. These documents are posted on the website and available at the MSCCOS office.

_____ _____

Parent/Guardian Signature Date

PARENT NOTIFICATION AND SOCIAL MEDIA POLICY

I have received and reviewed MSCCOSs policy on the notification of parents/guardians and MSCCOS's Social Media Policy

_____ _____

Parent/Guardian Signature Date