



Summer Camp Registration

Heritage Christian Academy
 10058 Chamberlayne Rd.
 Mechanicsville, VA 23116
 (804) 427-6418

General Information:

Child's Name: _____ DOB: _____
 Sex: _____ Male _____ Female Parent's Names: _____
 Address: _____ City/St/Zip: _____
 Phone: _____ Cell: _____
 Email: _____

Emergency Contact Information: (in case parents can't be reached)

Name: _____ Phone: _____
 Insurance Company: _____ Insurance Policy #: _____
 Allergies: _____

Weeks Requested:

- | | |
|--|---|
| <input type="checkbox"/> June 1 – 4 Hawaii (ages 3-5) | <input type="checkbox"/> July 13 – 16 Cowboys/Cowgirls (ages 3 – 5) |
| <input type="checkbox"/> June 8 – 11 In the Garden (ages 3 – 5) | <input type="checkbox"/> July 20 – 23 Insects (ages 3 – 5) |
| <input type="checkbox"/> June 15 – 18 Rescue Heroes (ages 3 – 5) | <input type="checkbox"/> Aug 3 – 6 In the Jungle (ages 3 – 5 & 6 – 9) |
| <input type="checkbox"/> June 22 – 25 Days of Dinos (ages 3 – 5 & 6 – 9) | |

Friend (same age) you child would like to be with: _____

Agreements:

1. I agree to pay \$75/week with 50% being non-refundable. All fees must be paid at time of registration.
2. I agree to send lunch daily.
3. I agree to pick up my child if he/she is sick.

Parent Signature: _____ Date: _____

