

**Hillsboro Christian Preschool**  
6356 Hillsboro Lane  
Crozet, VA 22932  
434.823.5342

Appl. Received \_\_\_\_\_

Check Amount \_\_\_\_\_

**Application Form Summer Camp**

Child's Name \_\_\_\_\_ Name Used \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Male/Female

Birth date \_\_\_\_\_ Toilet Trained? Yes No In Process

Father's Name \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_ Employed by \_\_\_\_\_

Business Address \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_ Employed by \_\_\_\_\_

Business Address \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

If your family attends church, where? \_\_\_\_\_

Are parents: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Deceased \_\_\_ Single \_\_\_

Names, ages, and sex of other children in the family \_\_\_\_\_

List others living in the household \_\_\_\_\_

What form of discipline do you use at home? Time out \_\_\_ Scolding \_\_\_ Spanking \_\_\_

Verbal Correction \_\_\_ Other \_\_\_\_\_

Person responsible for child if both parents work \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Cost: \$ \_\_\_\_\_ for the summer \_\_\_\_\_ 1 payment (due June 14)

(Call for summer program cost.) \_\_\_\_\_ 2 payments (1/2 due June 14 - 2<sup>nd</sup> 1/2 due July 14)

List any medical, mental, or emotional problems including any allergies we need to be aware of

\_\_\_\_\_  
\_\_\_\_\_

\* I understand that I must commit to the entire summer program which is Tuesdays, Wednesdays, and Thursdays for the summer beginning Tuesday, June 14- Thursday, August 11 from 9:00 am to 12:00 noon. I understand that I will owe the entire cost of the summer program, even if I withdraw my child from the program early, because teacher salaries are based on full-summer participation.

Parents' Signature \_\_\_\_\_

\*\*\* The children will need to bring a snack each day. No peanut products please.\*\*\*