

Good Shepherd Preschool
1400 Killian Hill Road
Lilburn, GA 30047
770-925-2411

2024 Camp Shepherd Registration

School Age

Camp Shepherd is an 8-week Summer Camp for students who have completed Kindergarten-5th Grades. Our hours of operation are 7:00 am-6:00 pm. We offer weekly registration. We are closed May 27th and July 4th in observance of the Memorial and Independence Day holidays.

Scheduling Options (Check the weeks you would like to register for):

Weekly rate is \$175.00/Monday-Friday/7:00 am-6:00 pm

There is a \$25 per week activity and snack fee due at registration. This fee will secure your child's spot as we plan and reserve group field trips.

Week 1 (May 28-May 31) _____
Week 2 (June 3-June 7) _____
Week 3 (June 10-14) _____
Week 4 (June 17-June 21) _____

Week 5 (June 24-June 28) _____
Week 6 (July 1-5*no camp July 4th) _____
Week 7 (July 8-12) _____
Week 8 (July 15-July 19) _____

Tuition is due at the beginning of each week. Families are encouraged to pay for multiple weeks to limit transactions and paperwork. The activity fee is due upon registration, and is calculated as: total number of selected weeks x \$25. I understand that my signature indicates that I have received, read, and agree to adhere to the policies and procedures of Good Shepherd Preschool and School Age Programs.

Signature: _____ **Date:** _____

Student Information

Child's Full Name	Prefers to be called
Grade level completed	Date of Birth
Gender	Home Phone #
Home Address	City & Zip
Pediatrician/Clinic Name	Pediatrician/Clinic Phone #

Parent Information

Parent 1 Name	Email Address	Cell Phone #
Employer	Work Phone #	Work Address
Parent 2 Name	Email Address	Cell Phone #
Employer	Work Phone #	Work Address
Living Arrangements (Circle One) Both Parents One Parent Other _____	Are you a member of another church/religious organization? If so please list below.	

Sibling Information

Name & Age	Name & Age	Name & Age
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Medical Information

Drug Allergies Y N	If yes, please list
Food/Other Allergies Y N	If yes, please list
Does your child have an allergy response plan? Y N	Epipen Y N
Does your child have any condition to note, should emergency treatment be needed? If yes, please specify.	

Authorized Pick-Up (Child may be released to the person(s) signing this agreement or to the following)

Name	Relationship	Address & Phone #
Name	Relationship	Address & Phone #

Emergency Contacts (Persons to contact in case of emergency when parents cannot be reached)

Name	Relationship	Address & Phone #
Name	Relationship	Address & Phone #

Parental Agreements

EMERGENCY MEDICAL AUTHORIZATION

Should my child suffer an injury or illness while in the care of Good Shepherd and the facility is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I/We agree to keep the facility informed of changes in telephone numbers, etc. where I/We can be reached. The facility agrees to keep me informed of any incidents requiring medical attention involving my child.

Permission to Photograph

I grant Good Shepherd Preschool & School Age Programs the right to take photographs of my child and/or my family in connection with preschool activities. I authorize Good Shepherd Preschool, its assigns, and transferees to copyright, use, and publish the same in print and/or electronically. I agree that Good Shepherd may use such photographs with or without my name for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. **Yes** **No**

Sunscreen and Bug Spray Permission

I give Good Shepherd Preschool and School Age Programs permission to apply bug spray and sunscreen on my child when playing outside.

Summer 2024 Tuition Agreement

I understand that my signature indicates that I have received, read, and agree to adhere to the policies and procedures of Good Shepherd Preschool and School Age Programs. I understand that tuition is due at the beginning of each week. I understand that no deductions will be made from tuition for absences of any kind, nor will tuition be prorated for holidays.

By signing below, you acknowledge the above statements.

Parent Signature

Date

Your Return Instructions:

Completed forms may be returned to school in your child's communication folder or emailed to AsstPreschoolDirector@goodshepherdpc.org. Your registration is considered complete when this form has been returned and your registration fees have been paid. Cash and checks will be received in the church office on Monday – Thursday between 9am and 4pm, or you may choose to be invoiced on your Headmaster account.

Please complete the following for our records:

Registration Fee Paid (circle one)	Cash	Check	Invoiced on Headmaster
Returning Family?	Yes		No
Siblings in GSP?	Yes		No
Date Registration Submitted			