

Summer Day Camp is sponsored by Deshler High School Fellowship of Christian Athletes

Registration
begins
April 2nd



**Calvary
Learning
Center**

(256)383-1853
(256)381-6650



Summer Camp

Meals Provided
Arts & Crafts
Daily Devotions
Water Activities
Games & Sports

Air Conditioned facilities

May 29
to
August 7

6:30am
to
5:30

Ages
5-12 Years

601 N. Main St. Tusculum, TN

Charges: Registration fee \$90 per child 5 Days \$85 4 Days \$80 3 Days \$60
Registration fee and first week's payment are due at the time of registration

CALVARY LEARNING CENTER APPLICATION (SUMMER CAMP)

601 N. Main St-Tuscumbia, AL 35674

Students Name _____ Start Date _____

Age _____ Date of Birth _____ T-shirt size _____

Registering for (PLEASE CIRCLE) 5Days 4Days 3Days

PARENTS OR GUARDIANS

Mother _____ Address _____

Father _____ Address _____

Mom Cell _____ Father Cell _____

Mom Employer _____ Employer Address _____

Father Employer _____ Employer Address _____

Church Affiliation _____

EMERGENCY CONTACT—PICK UP LIST

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

4. _____ Phone _____

5. _____ Phone _____

Childs Doctor _____ Phone _____

Special Needs, Allergies and/or instructions: _____

TUITION AND FEES:

Registration Fee : \$90
5 Days: \$85
4 Days: \$80
3 Days: \$60

Calvary Learning Center

601 North Main Street

Tuscumbia, AL 35672

256-381-6650 (Tuscumbia location)

256-978-5488 (Sheffield location)

256-381-1853 (office)

Parent Fee Contract

I _____ am responsible for any fees that Child Management Agency does not pay for (Child) _____. This includes any time that your child is absent from school and CMA does not pay. You will be billed and expected to pay in a timely matter. You have 5 business days to pay the daycare fee and late fee. Your child can NOT return to daycare the following week if this has not been paid.

It is Calvary's policy for the fees to be paid in full whether child is present or not.

CMA does not pay if your child is not present, making this the responsibility of the parents to pay any fees CMA doesn't. You must slide your CMA card daily to sign in and out, or you will be in danger of losing your CMA subsidy.

Worthless Check Policy-effective immediately-anyone presenting a check returned by the bank will be charged an additional returned check fee of \$30.00 and \$25.00 late fee. After 2 returned checks cash is required for payments.

I will give a written notice 10 working days before my child is withdrawn or will be charged for the days.

I understand all of the above and agree to the terms:

Parent/Guardian Signature _____ Date _____

Witness _____ Date _____

Notary _____ Date _____

My Commission Expires: _____

Calvary Learning Center
601 North Main Street
Tuscumbia, AL 35672
256-381-6650(school)
256-383-1853 (office)

Effective immediately, as part of the Learning Center's policy, we must be notified in writing who the responsible party will be for billing purposes. Please fill out the following form and return it to the office.

Child: _____

Parent/Guardian: _____

Person Responsible for Payment: _____

Address: _____

Phone Number: _____

I understand that I am responsible for _____'s daycare expenses.

Date

Signature of Responsible Party

Date

Notary

My Commission Expires _____

NOTICE

Please remember that payments are due on Friday for the coming week and considered late after 2:00p.m. on Monday. A \$25 late fee will be added to any account not paid by this time. We are sorry for any inconvenience, but we must enforce this policy.

-Calvary Learning Center

I have read and understand the payment policy set by Calvary Learning Center. By signing below, I agree to uphold this policy.

Parent/Guardian Signature

Date

MEDIA RELEASE FORM

Date _____

I, _____, parent/guardian of _____,

allow Calvary Learning Center (a ministry of Calvary Baptist Church, Tuscumbia, AL) to use my child's photograph for advertising for our daycare and after-school programs.

I understand that his/her photo could be used in a newspaper, magazine, newsletter, billboard, Facebook, and various other forms of media.

Parent/Guardian

Witness

Notary Public

My Commission Expires: _____

FORM OF AFFIDAVIT
(For Parent/Guardian)

STATE OF ALABAMA

COUNTY OF COLBERT

Before me, a notary public in and for said state and county appeared

_____ and is known to me, after being duly sworn or affirmed, says as follows:

That affiant is the parent or legal guardian of the minor child/children

_____ ; that affiant has been notified by **Angela Holt**, a representative of **Calvary Learning Center** church/school that said church or school has filed notice and is exempt under law from regulation by the department of human resources.

_____ **Parent/Legal Guardian**

Sworn, or affirmed to and subscribed before me this _____ day of

_____.

Original, notarized affidavits must be submitted annually.

Notary Public

My Commission expires _____

Witness: _____