



Cornerstone Summer Masterminds Program

2022 Registration

PARENT/GUARDIAN NAME & PHONE:	Name:	Contact #: ()
PARENT/GUARDIAN NAME & PHONE:	Name:	Contact #: ()
FULL ADDRESS:	Address:	City, State & Zip Code:
EMAIL ADDRESS & ADD'L PHONE:	Email:	Phone #: ()
EMERGENCY CONTACT:	Name:	Contact #: ()
EMERGENCY CONTACT:	Name:	Contact #: ()

Camper Information (One form per child):

Camper's Last Name, First Name		Date of Birth
Grade – Fall 2022		Gender (Circle One)
		M or F

Camp Options: *check* ✓ *all that apply*

CAMP GROUPS		MONDAY – THURSDAY		
	The Littles	Grade TK, K, 1 st	9:00am – 2:00pm	\$2400.00
	Titans	Grades 2 nd , 3 rd , 4 th	9:00am – 2:00pm	\$2400.00
	1 Hour Weekly Tutoring			\$100.00

Camp must be paid in full prior to starting camp.

Cornerstone Christian School 384 New Hempstead Road New City, NY 10956

Total Due: _____

Payments	Amount Paid	Check # / Cash / CC	Date
First Payment Due By: June 10, 2022			
Final Payment Due By: June 30, 2022			

Camper's Name: _____

PICK- UP & EMERGENCY INFORMATION:

In the event that there is an emergency at camp, and you cannot be reached, please list additional individuals (18 and over), who are authorized to pick up your child. Please remind all to have a photo ID ready to display for pick up. We will not release your child to any other individual without written permission. Late pick ups will be charged \$30 per hour.

Name	Relationship	Phone #

MEDICAL INFORMATION: **IMMUNIZATION RECORDS: Required by NYS- please attach current records with a doctor's signature or stamp.

Doctor: _____ Phone#: _____

Known Allergies: _____

Medical Comments: _____

Please provide any additional information about the camper's physical, emotional, or mental health of which the camp staff should be aware: _____

SUMMER CAMP TRIPS: I understand that by signing this form I agree for my child to attend all trips listed on camp calendar including any water related trips.

AUTHORIZATION: I authorize that the above information is accurate and current, and all information has been filled out by the appropriate parties. In the event that I cannot be reached, and an emergency occurs, I hereby give permission to the physician selected by the Cornerstone to hospitalize and secure treatment for my child. I understand that the Cornerstone Christian School does not offer accident insurance and my personal insurance bear's primary responsibility in case of an accident. I will allow photos for promotion.

Parent/Guardian Signature

Date

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION: All campers who need medication administered during camp hours must have the following completed by a physician. Medication must be in original container, contain a prescription & will be administered by camp nurse.

Name of Medication(s), Dose & Method of Administration: _____

Specific date(s) & time(s) to be given: _____ Or Issue Only as Needed: _____

Physician's Name & Phone Number: _____

Signature of Physician: _____ Date: _____