



2008 Summer in the ZONE/Camping in the ZONE

Please Print:

Student Name _____
Last First Middle

Student Address _____
Street City State Zip

(_____) _____ Entering Grade _____
Home Phone # Date of Birth Age Sex

Summer in the ZONE Enrollment

Please mark week(s) for camping. Daily camping is also available by reservation.
 Drop In available (\$50 per day), based on availability.

June 9-13 _____	June 30-July 3 _____ <small>(closed July 4)</small>	July 21-25 _____
June 16-20 _____	July 7-11 _____	July 28-Aug. 1 _____
June 23-27 _____	July 14-18 _____	Aug. 4-8 _____

Non-Refundable Registration Fee: \$50.00 through May 17/\$75 after May 17.
 Tuition is due the Monday of the week for which care is being offered.

T-shirt size: _____ Youth Adult (check one)

All children attending Summer in the Zone during the week of June 23-27 will attend Prince of Peace Lutheran Church VBS.

Camping in the ZONE Enrollment

Please list Camps for enrollment:

Camp Name	Date	Time	Fee
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Non-Refundable Registration Fee: \$10.00.
 Total: \$ _____

 Father's Name

 Mother's Name

 Home Address (if different from above)

 Home Address (if different from above)

 Dad's Business Phone

 Mom's Business Phone

 Dad's Cell Phone

 Mom's Cell Phone

 Drivers License # State

 Drivers License # State

With whom does the child reside? _____

Are there special custody arrangements about which we should know? _____

Who is responsible for camp/care fees? _____

EMERGENCY CONTACTS

(Please provide two names other than parents who can be contacted in an emergency.)

Contact #1

Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

Contact #2

Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

I. In the event that I/we cannot be reached to make arrangements for emergency medical attention, I/we authorize Prince of Peace Christian School to take my child to Plano Presbyterian Hospital. Initial _____

II. If your child's normal transportation is unavailable, please call the school office with the driver's license number of the person who will be picking up your child. This is required when the school and/or the child may not know the individual providing transport. Initial _____

III. My child has my permission to participate in Summer in The Zone field trips and outdoor activities. My child also may be transported to all field trips. (Parents will be given advance notice of all off-campus activities.) Initial _____

IV. I give permission for my child to be photographed for editorial, promotional, and audiovisual presentations by Prince of Peace Christian School. I consent to the reproduction and the use of these photographs. Initial _____

V. My child is in an on-going health program with Dr. _____. He/she is in good health and is able to participate in all activities with Prince of Peace Christian School without restrictions. Initial _____

VI. Please list any special problems or needs, including known allergies, existing illnesses, previous serious illnesses and injuries, any disabilities, any hospitalizations during the past 12 months, and any medication prescribed for long-term, continuous use.

VII. My child may participate in water activities. Please note any swimming / water restrictions. _____ Initial _____

VIII. These Persons are allowed to pick up my child from Prince of Peace Christian School.

Name _____ D.L. # _____

Name _____ D.L. # _____

- Please check all that apply.
- We are a POPCS or POPLC family. (If not a POPLC family, please list church home - _____)
- Please send me information about Prince of Peace Christian School. (School attending next fall _____)
- Current immunizations are on file at POPCS.

Signature of Parent

Date

Prince of Peace reserves the right to alter the specifics of any program and to add or delete offerings. Prince of Peace Christian School does not discriminate on the basis of race, gender, religion, or ethnic origin.

Prince of Peace Christian School
4000 Midway Road, Carrollton TX 75007
972-447-0532, ext. 453

Check # _____
Amount Paid _____
Ack. Sent _____