



# 2022 Summer Camp Registration

**Community of Care Montessori Preschool**  
11304 136th St E, Puyallup, 98374 • 253.845.4844 • lothumc@comcast.net



**For ages 3 through 2<sup>nd</sup> grade. Please use a separate form for each child.**

**Child's Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

Parent/Guardian Name  
\_\_\_\_\_

Address (if different than child)  
\_\_\_\_\_  
\_\_\_\_\_

Best phone number to reach you while your child is in school \_\_\_\_\_

Parent/Guardian Name  
\_\_\_\_\_

Address (if different than child)  
\_\_\_\_\_  
\_\_\_\_\_

Best phone number to reach you while your child is in school \_\_\_\_\_

**NOTE: Registration form and payment must be returned by July 1st in order to ensure a spot in class. You can pay by check, or by credit card online at [lightofthehillumc.org](http://lightofthehillumc.org). Click 'Give Online' then 'Preschool Tuition'**

**I would like to register for (one or more, use same form):**

<input type="checkbox"/> <b>Music Makers</b>	<b>July 12-14</b>	<b>9am-Noon</b>	<b>\$50.00</b>
<input type="checkbox"/> <b>Down on the Farm</b>	<b>July 19-21</b>	<b>9am-Noon</b>	<b>\$50.00</b>
<input type="checkbox"/> <b>Discovering our Solar System</b>	<b>July 26-28</b>	<b>9am-Noon</b>	<b>\$50.00</b>

**My child may be photographed for use in:** School publications, Community of Care Facebook page, Light of the Hill United Methodist Church publications, website and/or Facebook page.  
**(No names will be used)**    Yes    No

Please list any allergies or health concerns \_\_\_\_\_

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I authorize (child's name) \_\_\_\_\_, to be given emergency treatment by qualified staff/volunteer of Light of the Hill Church/Preschool. I also give permission for my child to be transported by ambulance or car to an emergency facility for treatment. In the event I am unable to be contacted, I further consent to the medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to ensure my child's health and safety.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_