



Summer Fun in the Garden Day Camp
Session 1: July 5-16 (ages 6-9)
Session 2: July 19-30 (ages 8-12)
Registration Form

Student's name _____ Age _____ Grade _____

Class _____ Session #/Dates _____

\$100 Fee enclosed (check or cash only) _____

Note: Class fee must be paid in full to secure child's registration. Pay in person at the school office or mail registration form and payment to FGCS, 1914 Pacific Ave., Forest Grove, OR 97116

Parent/Guardian

Name(s) _____

Email Address _____

Home phone _____ Work Phone _____

Cell phone _____

Emergency contact names and numbers _____

Allergies/Special medical concerns:

Please read carefully: I give permission for my child _____ to participate in the Summer Fun in the Garden Day Camp at FGCS. I have read the information about the camp and am aware of the times and days the class is meeting. I understand that I am responsible for transporting my child and for notifying the school in advance of any changes in transportation arrangements. I have marked below whether my student may self-release from day camp.

My child may / may not (**circle one**) self-release after his/her after-school class.

I understand that my child is required to abide by all rules established by the class teacher and that my child's failure to do so may result in his/her removal from the class without a refund. I have discussed these expectations with my child. I understand that fees will not be refunded after the first day of class if I withdraw my children from the class for any reason.

Parent/Guardian Signature

Date

