



Camp 2016

(June 27 – August 5)

Applicant _____ DOB _____

Home Address _____ Zip Code _____

Telephone Number _____ Sex _____ Current Grade _____

Current School/Address/Telephone

Does the applicant have allergies or allergic reactions or conditions that require medical care? _____

Explain _____

Does the applicant have a history of behavior problems, school expulsions and/or academic limitations? _____

If yes, please explain, in detail, on a separate sheet and attach to this application.

Has the applicant previously attended the MPCS Summer Camp? _____ If yes, when _____

Custodial Parent/Guardian(s)

Father/Guardian Occupation _____ Mother/Guardian Occupation _____

Church Member/Affiliation _____

Primary Emergency Contact: _____ Relationship _____

Daytime Telephone _____ Email _____

****Immunization record and current report card must accompany Application for all students not currently enrolled in Mount Pleasant Christian School.**

Our/My signature indicates willingness to abide by the rules and regulations of Mount Pleasant Christian School Summer Camp and the Mount Pleasant Church and Ministries. _____ We/I understand that all camp fees are nonrefundable. _____ We/I further understand that field trips and other off-site events will require additional funds for lunch and specialty purchases. _____

Parent/Guardian Signature/Date _____

Initial Payment and Receipt # _____

MPCS admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. MPCS does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, and other school-administered programs.