



**SUMMER ENROLLMENT REGISTRATION PACKET 2018
12 MONTHS THROUGH 12 YEARS OF AGE**

**Summer Camp Registration Fees
12 Months thru 12 YEARS OLD \$75.00**

**Summer Camp Tuition Rate for 12 Months thru 23 Months \$145.00
per week; $\frac{1}{2}$ day 5 days a week \$72.50**

**Summer Camp Tuition Rate for 2's thru 4's
\$140.00 per week; $\frac{1}{2}$ day 5 days a week \$70.00 weekly
Summer Camp Tuition Rate for Kinder thru 12 YEARS OLD \$99.00
per week**

\$35.00 Drop-In fee per day to be paid on the day of drop-in. No exceptions. Field trips are done weekly for ages Kinder through 12 years old.

Costs for field trips are paid for by the parents. Trips vary each week some examples are: Movies, Putt-Putt, Bowling and Swimming, etc.

For Office Use:
Date: _____
Registration Paid: _____

Enrollment Date: _____

Discharge Date: _____

**VICTORIA CHRISTIAN SCHOOL
SUMMER CAMP ENROLLMENT RECORD 2018
12 MONTHS THROUGH 12 YEARS OLD**

3310 North Ben Jordan St. Victoria, TX 77901 (361) 573-5345

Child's name _____ Grade level completed _____

Child's home address _____ Telephone _____

City / State / Zip / County _____

Sex _____ Age _____ Date of birth _____ / _____ / _____

Mother's name _____ Home phone _____

Cell# _____ Email _____

Home address _____
(if different) street city / state / zip

Occupation _____ Employer _____ Work phone _____

Father's name _____ Home phone _____

Cell# _____ Email _____

Home address _____
(if different) street city / state / zip

Occupation _____ Employer _____
Work phone _____

Parents' marital status: () married () separated () divorced () widowed

If parents are separated or divorced, who has legal custody of the child? _____

Church Affiliation: _____

How did you hear about Victoria Christian School? _____

Reason for selecting Victoria Christian School _____

PERMISSION FOR MEDIA

I hereby grant my consent to use and license the use of my name or my children's name or likeness whether in still or motion pictures, my photograph, and/or other production, including my voice or my children's voice and features with or without my name or my children's name for any editorial, promotional, trade, advertising, business, or other purpose whatsoever. Victoria Christian School may exercise its right in any way for production, for advertising, and for other purposes.

Child's Name

Parent Signature

Date

**Victoria Christian School
Summer Payment Contract 2018**

***Name of person responsible for Payment** _____

Driver License Number: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ **Cell:** _____

Email: _____

Registration Fee \$ _____ **X** _____ **#of children=** _____

<u>Student Name(s)</u>	<u>Grade/Age</u>	<u>Tuition</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Total Weekly Tuition due every Monday \$ _____

Payment Methods: ___Cash ___Personal Check ___Credit Card 3% fee

I agree to abide by this payment schedule and will inform the office in writing if changes are to be made to this agreement.

Parents are responsible for their child's full tuition at all times regardless of attendance, including but not limited to holidays, vacations, etc.

Registration fees are nonrefundable.

Two weeks notice must be given to the office in writing when withdrawing a student.

***Signature of Responsible Party**

Date

**VICTORIA CHRISTIAN SCHOOL
SECURITY SYSTEM**

NAME OF PARENT:_____

NAME OF CHILD/CHILDREN:_____

PLEASE DO NOT START YOUR CODE WITH A ZERO.

1ST CHOICE_____ **CODE**

2ND CHOICE_____ **CODE**

**AFTER THE CODE IS PRESSED INTO THE KEYPAD, PLEASE PRESS
THE STAR BUTTON.**

EXAMPLE:

0000*

EMAIL:_____