

# C.U.P.C. APPLICATION '09

## Summer Camp / Special Programs

1. Advance Payment for grades 1-7 - six weeks - \$625 per child, paid in total in advance (*BY JUNE 15th, 2009*), for 8th grade - six weeks - \$450 per child, also paid in total in advance (*BY JUNE 15th, 2009*)
2. Weekly Payment for grades 1-7 - \$125 per child. To reserve, send 50% of total registration. Payment in full by June 15th, 2009 for 8th grade - \$90 per child. Also, to reserve a place, send 50% of total registration. Payment in full by June 15th, 2009.
3. Weekly Payment for Extended Sessions, \$150 per child per week.
4. **NO REFUNDS. NO EXCEPTIONS**

<p><i>Complete forms and send with payment to:</i></p> <p><b>C.U.P.C. Summer Camp 1700 Sutter St. San Francisco, CA 94115</b></p>	<p><b>Overnight Trip:</b> Advance payment: \$115 by June 15, 2009 . After June 15, the cost will be \$150 . To register for the overnight trip, you must be registered for the week of July 15th - 17th.</p> <p><b>T-Shirts:</b> C.U.P.C. Summer Camp T-shirt can be ordered at a cost of \$10 per t-shirt. To order, please indicate the child's size: S, M, L -- Adult sizes S, M, L, XL, XXL) and include payment with the registration form. T-shirts are 50/50 cotton polyester blend. Replacement or extra T-shirts will also be sold during camp.</p>
---	--

<p style="text-align: center;"><b>CHILD'S NAME:</b></p> <p>_____</p> <p>Gender:    M    F</p> <p>Grade in Sept: _____</p> <p>T-shirst (\$10) Size: _____</p> <p><b>Please Mark Weeks Attending:</b></p>	<p style="text-align: center;"><b>CHILD'S NAME:</b></p> <p>_____</p> <p>Gender:    M    F</p> <p>Grade in Sept: _____</p> <p>T-shirst (\$10) Size: _____</p> <p><b>Please Mark Weeks Attending:</b></p>	<p style="text-align: center;"><b>CHILD'S NAME:</b></p> <p>_____</p> <p>Gender:    M    F</p> <p>Grade in Sept: _____</p> <p>T-shirst (\$10) Size: _____</p> <p><b>Please Mark Weeks Attending:</b></p>
<p>Adv. Payment 6 Weeks: \$625</p> <p>Adv. Payment</p> <p style="text-align: center;">8th Grade Special: \$450</p>	<p>Adv. Payment 6 Weeks: \$625</p> <p>Adv. Payment</p> <p style="text-align: center;">8th Grade Special: \$450</p>	<p>Adv. Payment 6 Weeks: \$625</p> <p>Adv. Payment</p> <p style="text-align: center;">8th Grade Special: \$450</p>
<p>1. 06/22 - 06/26 \$ _____</p> <p>2. 06/29 - 07/03 \$ _____</p> <p>3. 07/06 - 07/10 \$ _____</p> <p>4. 07/13 - 07/17 \$ _____</p> <p>5. 07/20 - 07/24 \$ _____</p> <p>6. 07/27 - 07/31 \$ _____</p> <p style="text-align: center;"><b>Special Programs (\$150/week)</b></p> <p>Extended Weeks</p> <p>1. 08/03 - 08/07 \$ _____</p> <p>2. 08/10 - 08/14 \$ _____</p> <p>Overnight Trip \$ _____</p> <p style="text-align: right;"><b>Subtotal: \$ _____</b></p>	<p>1. 06/22 - 06/26 \$ _____</p> <p>2. 06/29 - 07/03 \$ _____</p> <p>3. 07/06 - 07/10 \$ _____</p> <p>4. 07/13 - 07/17 \$ _____</p> <p>5. 07/20 - 07/24 \$ _____</p> <p>6. 07/27 - 07/31 \$ _____</p> <p style="text-align: center;"><b>Special Programs (\$150/week)</b></p> <p>Extended Weeks</p> <p>1. 08/03 - 08/07 \$ _____</p> <p>2. 08/10 - 08/14 \$ _____</p> <p>Overnight Trip \$ _____</p> <p style="text-align: right;"><b>Subtotal: \$ _____</b></p>	<p>1. 06/22 - 06/26 \$ _____</p> <p>2. 06/29 - 07/03 \$ _____</p> <p>3. 07/06 - 07/10 \$ _____</p> <p>4. 07/13 - 07/17 \$ _____</p> <p>5. 07/20 - 07/24 \$ _____</p> <p>6. 07/27 - 07/31 \$ _____</p> <p style="text-align: center;"><b>Special Programs (\$150/week)</b></p> <p>Extended Weeks</p> <p>1. 08/03 - 08/07 \$ _____</p> <p>2. 08/10 - 08/14 \$ _____</p> <p>Overnight Trip \$ _____</p> <p style="text-align: right;"><b>Subtotal: \$ _____</b></p>

My child(ren) has attended C.U.P.C. Summer Camp in the past.

**Important: Remember that a health form must also be included with registration for each child.**

<b>Grand Total:</b>	\$ _____
<b>Payment Enclosed:</b>	\$ _____
<b>Balance Due:</b>	\$ _____
(Due by June 15, 2009 )	

I would like to receive the Church's monthly newsletter, The Visiting Pastor, to read about the latest events and articles about Christ United Presbyterian Church in Japantown.

**Please check your dates and payments carefully before registering with us.** In sending payment for C.U.P.C. Summer Camp, you agree to the terms and conditions as stated in this brochure. You understand that **there will be no refunds**, and that there will be **NO EXCEPTIONS** to this policy. You also acknowledge that any weeks not paid for by June 15, 2009 will result in the cancellation of your reservations for those weeks.

C.U.P.C Summer Camp  
Parental Permission and Health Authorization

(to be filled out by parent/guardian. One per child. Duplicate if needed)

Camper's Name (Last) (First) (Middle)

Phone

Address

Birthday (Month/Day/Year)

City

Zip

Mother/(Guardian)

Phone (Work)

Work Address/City

E-mail Address

Father/(Guardian)

Phone (Work)

Work Address/City

E-mail Address

Relative/Friend not living with Family in case parent/guardian cannot be reached.

Phone (Home)

Family Doctor and/or Health Plan I.D. Number

Phone

**Health History**

(Answer yes or no)

\_\_\_\_\_ Date of last Tetanus shot

\_\_\_\_\_ Penicillian Allergy

\_\_\_\_\_ Poison Oak Allergy

\_\_\_\_\_ Diabetes

\_\_\_\_\_ Asthma

\_\_\_\_\_ Insect/Bee Sting Allergy

Indicate any medical conditions or allergies that may affect your child:

If a serious emergency arises, it may be necessary for a physician to attend to your child before the staff can get in touch with your. Such care will be provided only if you sign the "authorization for medical treatment." The statement below must be signed before your child will be accepted at camp.

My child \_\_\_\_\_ has my permission to attend the CUPC Summer Camp program. I authorize a physician to provide medical care for him/her in any emergency which may occur while participating in the summer camp program.

Signature of parent/guardian

Date

CUPC PICTURE/MEDIA ACCESS FORM

Dear Parent or Guardian,

Throughout the summer, staff and volunteers in the program will be taking pictures of the children. The pictures may be used for one of four purposes:

- Parent's Night Slide Show
- Next year's brochure
- The Summer Camp website
- In addition, there may be times when our Summer Camp Program may be featured in a news story. Reporters, photographers and/or film crews from television or radio stations, newspapers or magazines may wish to interview and/or photograph your child in relation to a story about the church program. Your child's name and the church may be included in the report. Please sign and return the attached form only if you **DO NOT** want your child's picture used in the four areas above.

We will make every effort to honor your request, but please be aware that there may be circumstances when the press may be at a location where our campers will be and may be inadvertently interviewed, photographed or filmed beyond our control.

Check if you don't want your child's picture taken or to have contact with the media.

.....

PLEASE SIGN AND RETURN WITH REGISTRATION FORM

\_\_\_\_\_ I DO NOT want my child's picture taken or to have contact with the media while participating in CUPC's Summer Camp Program.

Child's Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_