



Summer Camp Registration Form

(one form per child, please)

STUDENT INFORMATION

First Name	Last Name
Street Address	City State Zip
Home Telephone	Other 1 Other 2
Grade Entering in September	Birth Date Gender

PARENTAL INFORMATION

1.

First Name	Last Name
Relationship to Student	Married / Divorced / Separated / Single
Employer's Name	Employer's Address, City
Daytime Telephone	Ext.

2.

First Name	Last Name
Relationship to Student	Married / Divorced / Separated / Single
Employer's Name	Employer's Address, City
Daytime Telephone	Ext.

ADDITIONAL INFORMATION

- **Registration fees are due no later than June 14, 2019.**
- **Tuition payments are due the Monday of the week the child will be attending and must be paid via EFT.**
- **Families must purchase each student the Knott's GOLD annual pass.**
- **Additional camp information will be sent home soon.**

California Civil Code Section 25.8 Authorization of Medical Treatment of Minors

Either parent, if both parents have legal custody, or the parent or person having legal custody or the legal guardian, of a minor may authorize in writing any adult person into whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the provisions of the Medicine Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provision of the Dental Practice Act (Added stats. 1965, C. 1524, p. 3616, S.1).

EMERGENCY INFORMATION

IN THE EVENT OF SUDDEN ILLNESS OR ACIDENT AND INABILITY TO NOTIFY A PARENT, PLEASE CONTACT:

Name	Relationship	
Daytime Telephone		
Name	Relationship	
Daytime Telephone		
Name	Relationship	
Daytime Telephone		
<i>Adults authorized to pick up your child:</i>		
Name	Relationship	Telephone



Summer Camp EFT Payment System

OCCS will not be accepting checks or cash for summer camp tuition payments.

This simple authorization form will allow us to bill your financial institution (*or credit card*) on the due date. There is no need for you to write checks, remember to drop them off, or worry about late fees. Your record of payment will be listed each month on your banking or credit card statement (*and at your request we can also provide you a complete statement of charges and credits each month*).

Getting started is easy. Simply complete the authorization form and attach a voided check to the form and return it to us. *If you prefer to pay by credit card, just include the account number and expiration date.*

What about security? The service uses the Federal Reserve's electronic payment network used by financial institutions nationwide, so it is absolutely secure. Consumer safeguard regulations for electronic payments are even more stringent than when you write a check.

With your busy schedule, it's nice to know that you will have one less task to perform each week with absolutely no cost or effort on your part.

EFT Authorization

Parent Name: _____

Student Name: _____

Billing Frequency: WEEKLY

Payment Amount: \$ _____/weekly

\$60 Registration Fee

Charge Registration on This Date: _____

*****All families must purchase the Knott's GOLD annual pass for each student that is registered*****

Checking/Savings Account (Attach voided check)

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____

If you are unsure of your account's routing number, please contact your bank for that information.

(DON'T FORGET TO ATTACH A VOIDED CHECK)

OR

Credit Card

Visa/MC Discover American Express

Cardholder Name _____

Account Number _____

Exp. Date _____ CCV _____

Billing Address _____

City, State, Zip _____

Phone# _____

By signing this agreement, you agree to notify Orange County Christian School in writing of any changes in your account information or termination of this authorization prior to the next due date of the charges. You understand that cancellations must be made in writing and you will not dispute merchant recurring billing with my credit card, so long as the amount corresponds to the terms indicated in this contract.

Signature _____

Date _____