

SITE DIRECTOR/OFFICE USE
Registration Fee _____
Account Number _____
Date Processed _____

**NORTHPOINT Christian Enrichment Center**

**Child's Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female    Age: \_\_\_\_\_    T-Shirt Size: Child ( XS, S, M, L, XL) \_\_\_\_\_ Adult ( S, M, L, XL) \_\_\_\_\_

Grade Completed (2013-2014 School Year): \_\_\_\_\_

**Parent Information/Billable Party:**

**Mother's Information:**

**Father's Information:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Payment Responsibility**    100%    50%    Other \_\_\_\_\_

**Payment Responsibility**    100%    50%    Other \_\_\_\_\_

If parents are divorced, who is Custodial Parent?    \_\_\_ Mother    \_\_\_ Father    \_\_\_ Joint Custody

*If there are special circumstances involving visitation and pick-up rights, you must provide us with legal documentation.*

**Emergency Contact/Pick Up Information**

*In case of emergency, after attempting the above phone number(s), please list the name of a responsible person who is authorized to act for the parent in an emergency. This **MUST** be someone other than the parent.*

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Other than those listed above, who may pick up your child?**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

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**SUMMER CAMP REGISTRATION**

NORTHPOINT Christian is a non-discriminating organization and we welcome all participants regardless of race, sex, origin or physical limitations.