



BELLEVIEW CHRISTIAN SCHOOL

Camp Bellevue Application - 2018

PARENT/GUARDIAN LAST NAME _____

Student(s) Full Name to be Enrolled	Birthdate	Fall Grade	Returning Camper
1. _____	M/F _____	_____	Yes or No
2. _____	M/F _____	_____	Yes or No
3. _____	M/F _____	_____	Yes or No
4. _____	M/F _____	_____	Yes or No

FATHER /GUARDIAN'S NAME _____ **SSN** _____

Address _____

City _____ State _____ Zip _____ DOB _____

Phones: Cell _____ Email _____

Employer _____ Phone _____

Employer Address _____

Marital Status () married () widowed () divorced () separated () remarried () single

MOTHER /GUARDIAN'S NAME _____ **SSN** _____

Address _____

City _____ State _____ Zip _____ DOB _____

Phones: Cell _____ Email _____

Employer _____ Phone _____

Employer Address _____

Marital Status () married () widowed () divorced () separated () remarried () single

Please list up to three names (other than mother/father/guardian) of those authorized to pick up your child(ren).

Name _____ **Phone** _____

Relationship _____

Name _____ **Phone** _____

Relationship _____

Name _____ **Phone** _____

Relationship _____

Medical Information:

Which hospital you would like your child to be sent or check closest*:

Hospital Name: _____ **Ph #** _____

Hospital Address: _____ **City:** _____

_____* Closest Hospital: North Suburban Medical Center 9191 Grant Street, Thornton, CO 80229 (303) 451-7800.

Doctor/Clinic: _____ **Ph #** _____

Address: _____ **City:** _____

Medical or Allergies: _____

Dentist/Clinic: _____ **Ph #** _____

Address: _____ **City:** _____

FINANCIAL COMMITMENT

PARTY RESPONSIBLE FOR PAYMENT

Mailing Address _____ Email _____

City _____ State _____ Zip _____

Relationship (if other than parent) _____

Registration Fee \$ _____ Early Bird \$60 After May 1st \$100 Non-Refundable / Non-Transferrable

Material/ Field Trip \$ _____ K-1st - \$40 2nd - 3rd - \$60 4th - 8th - \$65 Non-Refundable / Non-Transferrable

Summer Plan \$ _____ Monthly Weekly Daily (Closed on 5/25-29 & 7/4-6)

8:00 - 4:00 Open-to-Close 6:30 - 6:00

May 30th - June 1st Fee waived for current BCS families on the open-to-close plan for May.

BCS (\$135 8-4) - (\$150 for 6:30-6)

Non-BCS (\$145 8-4) - (\$165 for 6:30-6)

August 1st - 9th for those on the monthly plan

BCS - (\$240 for 8-4) and (\$310 for open-to-close)

Non-BCS - (\$250 for 8-4) and (\$325 for open-to-close)

Total Paid Today \$ _____ Cash Check #: _____ Credit Card

REQUIRED Name as it appears on card _____

Credit Card # _____

Expiration Date _____ V-Code _____ (final 3-digits on back of card) VISA MasterCard Discover

RATE PLANS	Daily Drop-In		Weekly		Monthly	
	BCS	Non BCS	BCS	Non BCS	BCS	Non BCS
K - 14 year olds (8:00 AM - 4:00 PM) (\$9.25 Hr Drop-In)	\$42	\$47	\$165	\$175	\$485*	\$500**
K - 14 year olds (Open-to-Close 6:30 AM - 6:00 PM) (\$9.25 Hr Drop-In)	\$48	\$53	\$190	\$200	\$625*	\$650**

*Monthly Summer Family Cap BCS -- \$1,150 - (8:00 - 4:00) OR \$1,450 - (open-to-close)

**Monthly Summer Family Cap Non-BCS -- \$1,250 - (8:00 - 4:00) OR \$1,550 - (open-to-close)

Final enrollment is based upon submission of all paperwork, fees and acceptance to Belleview.

I understand all payments must be paid on or in advance of due dates. I understand I will receive a statement by email, and that it is my responsibility to make timely payments. **Failure to meet my payment schedule will result in charges made to my credit card, including late fees.** Past due accounts may result in the dismissal of my child. **Please Note: This information will remain confidential.** I have read, understand, and agree to support the policies and procedures as listed in the handbook.

I have read and understand this application and all of the answers are accurate to the best of my knowledge.

Parent's Signature _____

Date _____

The following items must be turned into the office along with your payment in order to enroll:

- Application
- Birth Certificate
- Immunization Records or Signed Waiver Form (Obtain from your doctor.)
- Field Trip Permission (Form must be notarized, one per child, notary available in office.)
- Current Physical (One form per child.)
- Medical Authorization (Use only if child requires medication during school hours.)

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