

NJ Promise Church

150 Grand Avenue, Leonia, NJ 07605 www.njpromise414.com (201) 461-2600

2024 Summer Camp Registration Form

Registration No.	(전수번호)·
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◆ Must fill out one application per child (두 명 이상의 자녀분이 계실 경우, 등록신청서를 따로 작성하셔야 합니다)

Student Name (이름)	Korean (국문):	English (영문):			Gender (성	별): M 남 F 여	
DOB (생년월일): /	/ (mm/dd/yy)	() Grade in September 2024 금년 9월에 올라갈 학년		□ New Student	□ Returning Student		
Address (주소)					Need tax exem	Need tax exempt letter ☐ Yes ☐ No	
Parent/Guardian Contact Information (보호자 연락처)	Mother/Guardian (어머니/보호자):			Father/Guardian (아버지/보호자):			
	Phone # (전화번호):			Phone # (전화번호):			
	E-mail:			E-mail:			
Emergency Contact (긴급 연락처)	Name (성명):	Phone # (전화번호):			Relationship (관계):		
Siblings attending this	Name (성명):	Grade (학년):			DOB (생년월일): / /		
summer camp (여름학교 출석 형제)	Name (성명):	Grade (학년):			DOB (생년월일	DOB (생년월일): / /	
Church Attending (출석 교회)	1) Church (교회):						
	T-shirt Size: Small						
	SUMMER SCHOOL						
	Registration First		First (Child Second Child		Third Child	
	Fee \$		\$1,2	200	\$1,100	\$1000	
Registration (등록)	EXTENDED CARE						
	Academics/STEM/Sports				\$700		
	Please make check payable to: NJ Promise Church REFUNDS (환불) In the case of your child not being able to participate in this program under any circumstance, we reserve the right to offer partial refund by date: By April 7th (100%) By April 28th (50%) By May 5th (20%)						
PARENTAL/GUARDIAN RELEASE AND PERMISSION							
NJ Promise Church, its pastor damage and expenses, of any participant hereby grant my per Furthermore, I, on behalf of m and work activities involved the presentations, publicity or prorephoto reproductions of my chill	e Church allowing the participant to particis, directors, volunteers or employees from nature whatsoever which may be incurred remission for the participant to participate by minor participant, hereby assume all risk erein. I hereby allow Summer Camp to tak motions. I also give my consent to the chud for publication, display, or exhibition. permission and approve of its terms.	any and all liability, cla d by the undersigned a fully in activities. c of accidental persona te pictures (still or vide	aims or deman and the Particip al injury, sickne o) of my child a	ds for accidental personant while involved in a ss, death, damage and and grant permission fo	nal injury, sickness or c ctivities. I, the parent or I expense as a result or r these images to be us	death, as well as property r legal guardian of this f participation in recreation sed in church publications,	
Parent/Guardian Signature (보호자 서명): Date (날짜):							
FOR OFFICE LICE.							

FOR OFFICE USE:

Date Received	Check #: Cash	Medical Release Form	UCHR & IMM
/ / 2024	Amount: \$	/ / 2024	/ / 2024