

## Waiver and Release Form

I give my child permission to participate in this program and its activities and hereby waive, release and forever discharge all claims against the C.P.C. or its commissioners, employees or volunteers for damages and/or injuries to the registrant, which may arise from the participation in these programs.

**Emergency treatment:** As a parent and/or legal guardian, I do here with authorize treatment by a qualified and licensed medical doctor of the minor(s) \_\_\_\_\_ in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach the parent. This release form is completed and signed at my own free will with the purpose of authorizing medical treatments under emergency circumstances in my absence.

**PARENT OR LEGAL GUARDIAN:**

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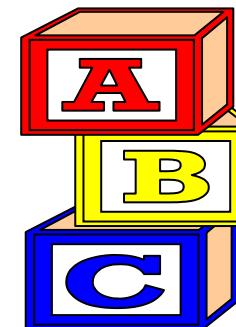
(Please sign)

Date

DOCTOR'S NAME: \_\_\_\_\_

DOCTOR'S PHONE: \_\_\_\_\_

# SUMMER CAMP



Tuesday, June 9th - Thursday, July 30<sup>st</sup> 2026

REGISTRATION DUE BY MAY 1<sup>st</sup>

NO CAMP JUNE 30<sup>TH</sup>-JULY 2<sup>ND</sup>

**CLASS TIME IS 9:00-1:00 AGES 1-5**

**COMMUNITY PRESBYTERIAN CHURCH**

**PARENTS' DAY OUT PROGRAMS**

**407 N. MAIN ST., MT. PROSPECT**

847-253-2592

[PDO@CPCHURCH.ORG](mailto:PDO@CPCHURCH.ORG)

Jessica Munao, Director

**Summer camp is a 7-week fun filled program.**

**Your child will participate in a variety of outdoor and indoor activities. Your child will enjoy playground fun, arts & crafts, stories,**

and music. Your child will be provided with a stimulating, enjoyable and caring environment.

## FAMILY INFORMATION

CHILD'S NAME (name called)

\_\_\_\_\_ YES NO  
CHILD'S BIRTH DATE Potty Trained

CHILD'S ALLERGIES

NAME OF PARENTS OR GUARDIANS

STREET ADDRESS

CITY

ZIP CODE

Email

MOM CELL PHONE/WORK PHONE

DAD CELL PHONE/WORK PHONE

## SUMMER CAMP FEES

**\$240 (1 DAY/WEEK)**

**\$440 (2 DAYS/WEEK)**

**\$610 (3 DAY/WEEK)**

This fee is for the entire 7-week camp.

**A \$100 NON-REFUNDABLE REGISTRATION FEE  
PER FAMILY IS DUE AT TIME OF REGISTRATION**

Camp fees are due the first day of camp.

Make all checks payable to 'CPC PDO'

Camp runs from 9:00-1:00

**CAMP DAYS (Please circle)**

**TUES WED THURS**

Please choose 1, 2, or 3 days per week

## PICK UP PERMISSION & EMERGENCY CONTACTS

Name

Phone #

Name

Phone #

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Name

Phone #

Summer 2026