



June 2-July 25 | Standifer Gap SDA School | 8255 Standifer Gap Road | 423-892-6013 | sgsda.org

Fill out and return this form, along with initial payment, to:  
Standifer Gap SDA School, 8255 Standifer Gap Rd, Chattanooga, TN 37421.  
Make checks payable to Standifer Gap SDA Church.

Camper: \_\_\_\_\_  Male  Female DOB: \_\_\_\_\_

Grade this fall: \_\_\_\_\_ Allergies/Medical: \_\_\_\_\_

8 Weeks  7 Weeks  Per Week  Per Day Dates: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Payment:  Full payment included (\$50 off per child for 7-8 weeks if paid in full by May 5)

Payment plan: Payment 1: 8 Weeks - \$300  
(due May 12) 7 Weeks - \$300  
1-6 Weeks - payment in full due Monday of each week, registration must be confirmed one week in advance

Daily - payment due in full for each day, registration and rates must be confirmed one week in advance

Payment 2: 8 Weeks - \$300  
(due June 10) 7 Weeks - \$300

Payment 3: 8 Weeks - \$280  
(due July 3) 7 Weeks - \$240

For additional info, call 423-892-6013 or email kharris@southern.edu.

Camper 2: \_\_\_\_\_  Male  Female DOB: \_\_\_\_\_

Grade this fall: \_\_\_\_\_ Allergies/Medical: \_\_\_\_\_

Camper 3: \_\_\_\_\_  Male  Female DOB: \_\_\_\_\_

Grade this fall: \_\_\_\_\_ Allergies/Medical: \_\_\_\_\_

Camper 4: \_\_\_\_\_  Male  Female DOB: \_\_\_\_\_

Grade this fall: \_\_\_\_\_ Allergies/Medical: \_\_\_\_\_

Will any campers have a different GAP camp schedule?  Yes  No, all are the same

If yes, please note when camper/s will attend GAP Camp: \_\_\_\_\_

I will need to drop off my child(ren) before 9 a.m.\*:  Never  Sometimes  Always

I will need to pick up my child(ren) after 4 p.m.\*:  Never  Sometimes  Always

*\*Early drop-off begins at 7:30 a.m., and late pick-up ends at 5:30 p.m.; \$25/week/camper fee applies. A Charge of \$1/minute will apply for pick-up after 5:30 p.m.*

I understand that no one other than myself (parent/guardian listed) is allowed to pick up my child(ren) from GAP Camp unless that person's name is written below, or a signed note is given to GAP Camp staff stating the dates and times.

The following people may pick up my child(ren):

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

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

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

As parent or legal guardian, I accept the rules and conditions stated, including authorization for GAP Camp to use, reproduce, and/or publish photographs and/or video of my child(ren). I hereby release GAP Camp and the Standifer GAP SDA Church and School from liability in case of accident or illness. In case of emergency, I hereby give permission to the physician selected by the director to hospitalize and secure proper treatment for my child(ren).

I also claim full responsibility for all payments due to Standifer GAP SDA Church for GAP Camp, as listed for the amount of time my child(ren) attend GAP Camp, and I understand that rates listed include ALL expenses for the program, unless otherwise stated (daily rates and lunches). I recognize that activities may be subject to change.

\_\_\_\_\_  
Signature of Responsible Parent/Guardian

\_\_\_\_\_  
Date