



**CORPUS CHRISTI SCHOOL 2011-2012**  
**EXTENDED DAY PROGRAMS AT THE**  
**EARLY CHILDHOOD CENTER**  
*Pre K to 6<sup>th</sup> grade*  
**Full Day Camp: 7:00AM – 6:00PM, on specified days**

**Please check off what your child will be attending**

<input type="checkbox"/> <b>Christmas Camp (December 21-23, 27-30    Closed on 26th)</b>	<b>\$385</b>
<input type="checkbox"/> <b>Easter Camp (April 9-13, 2012)</b>	<b>\$275</b>

Child's Last Name: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

City, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place Employed: \_\_\_\_\_

Father's Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Best way to reach you: \_\_\_\_\_

Father is:  Married to Mother  Divorced  Separated  Remarried  Deceased  Single

Mother's Name: \_\_\_\_\_ Place Employed: \_\_\_\_\_

Mother's Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Best way to reach you: \_\_\_\_\_

Mother is:  Married to Father  Divorced  Separated  Remarried  Deceased  Single

Names of Siblings, Ages, and Schools Attending: \_\_\_\_\_

Name of Guardian/Step Parent: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

With Whom Does the Child Reside: \_\_\_\_\_

Emergency Contact (Non-Parent): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Allergies or intolerance to food, medication, etc: \_\_\_\_\_

Action to be taken: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child have any special needs that we need to be aware of? \_\_\_\_\_

Any medication taken daily, including inhalers? \_\_\_\_\_

Does he or she have a medical condition we should be aware of? \_\_\_\_\_

*Please provide all medication to the Programs Director on first day of camp to keep on campus.*

Person(s) authorized to sign my child out of Camp. **(Identification Required)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Person(s) NOT authorized to sign my child out from Camp. Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child. (Please include a photograph if available).

1. \_\_\_\_\_

2. \_\_\_\_\_

**Parent or Guardian Agreement:**

1. The parent/guardian gives authorization for the child to participate in field trips (forms to be filled out attached) Yes \_\_\_\_\_ No \_\_\_\_\_
2. The child care center agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian agrees to pick up the child within an hour of notification of illness.
3. The parent/guardian will give the school one week prior notice to cancelation to either program or will be fully charged for camp along with a \$20 cancelation fee.
4. The parent/guardian authorized person to pick up child will be on time to pick up the child at 6pm. If the person picking up is late they will be charged \$1 per minute that they are late picking up their child.

**Corpus Christi Early Childhood Center, 7506 St. Philip's Court, Falls Church VA 22041  
703-573-4570 (phone) 703-573-6832 (fax). Please return with checks made out to Corpus Christi School.**

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Programs Signature: \_\_\_\_\_ Date: \_\_\_\_\_