

CORPUS CHRISTI SUMMER CAMP

Pre-K to Rising 3rd graders
Registration Fee: \$25 per child

Full Day Camp: 7:00am – 6:00pm, 5 days a week
Please check off all of the weeks your child will be attending Camp.

- | | | | |
|--|-------|--|-------|
| <input type="checkbox"/> May 27 th -30 th (Day Care Only) | \$238 | <input type="checkbox"/> July 7 th -11 th | \$250 |
| <input type="checkbox"/> June 2 nd -6 th (ECC Only) | \$238 | <input type="checkbox"/> July 14 th -18 th | \$250 |
| <input type="checkbox"/> June 9 th -13 th (Open to All) | \$238 | <input type="checkbox"/> July 21 st -25 th | \$250 |
| <input type="checkbox"/> June 16 th -20 th (Pool Starts) | \$250 | <input type="checkbox"/> July 28 th - Aug 1 st | \$250 |
| <input type="checkbox"/> June 23 rd -27 th | \$250 | <input type="checkbox"/> Aug 4 th -8 th | \$250 |
| <input type="checkbox"/> June 30 th - July 3 rd (Closed July 4 th) | \$250 | <input type="checkbox"/> Aug 11 th -15 th | \$250 |

Child's Last Name: _____

Child's First Name: _____ Nickname: _____

Address: _____

City, Zip: _____ Home Phone: _____

Date of Birth: _____ Age as of May 24th: _____

School Currently Attending: _____

Father's Last Name: _____ First Name: _____

Father's Daytime Phone: _____ Cell Phone: _____

Email Address: _____ Best way to reach you: _____

Father is: Married to Mother Divorced Separated Remarried Deceased

Mother's Last Name: _____ First Name: _____

Mother's Daytime Phone: _____ Cell Phone: _____

Mother is: Married to Father Divorced Separated Remarried Deceased

Email Address: _____ Best way to reach you: _____

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: _____

Allergy Reaction: _____

Action to be Taken: _____

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

Any medications taken daily, including inhalers? Yes or No _____

Does he or she have a medical condition we should know about? _____

Please provide any medications to the Summer Camp Director to keep on campus.

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

1. _____

2. _____

3. _____

Person(s) NOT authorized to sign child out from Camp or Extended Day. 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 child up within in an hour of notification of illness.

3. The parent/guardian authorizes the childcare center to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately.

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. Three late pick-ups result in dismissal from the camp program.

Forms are due to the Early Childhood Center 7506 St. Philip Court, Falls Church, VA 22042 starting February 11th 2008 along with your Registration fee of \$25 and the first week of camp fee, depending on your week that would \$238 or \$250. Please be aware that there is a cancellation fee of \$20.

Parent or Guardian Signature: _____ **Date:** _____

Director of Extended Day Signature: _____ **Date:** _____