



Country Day School of Arlington Montessori Summer Camp 2008 Registration Form

Non-refundable registration fee \$45.00

Camp Options:

Please indicate your choice(s)

- 5 Full Days 8:00 – 3:00 \$170.00/week
- 5 half days (M - F) 8:00 - 11:30 \$115.00/week
- 3 full days (M,W,F) 8:00 - 3:00 \$110.00/week
- 3 half days (M,W,F) 8:00 - 11:30 \$80/ week
- 2 full days (T,Th) 8:00 - 3:00 \$80/ week
- 2 half days (T,Th) 8:00 - 11:30 \$60/ week

* Additional \$20.00 activity fee Week #1 or 2 (Ceramic Art) June 9th—13 or June 16th -June 20th

* Additional \$10.00 activity fee Week #8 (Cooking Projects) July 28 – August 1, 2008

Extended Day ~ weekly rates available

- Morning 7:00 - 8:00 \$7/day
- Afternoon 3:15 - 4:30 \$7/day
- Afternoon 3:15 - 6:00 \$15/day

Check all of the weeks you plan to attend **

<input type="checkbox"/>	Week One	6/9-6/13	Appreciating the Arts*
<input type="checkbox"/>	Week Two	6/16-6/20	Appreciating the Arts*
<input type="checkbox"/>	Week Three	6/23-6/27	Back In Time
<input type="checkbox"/>	Week Four	6/30-7/3	Back in Time (prorated)
<input type="checkbox"/>	Week Five	7/7-7/11	What's on the Inside?
<input type="checkbox"/>	Week Six	7/14-7/18	Space Camp
<input type="checkbox"/>	Week Seven	7/21-7/25	Mother Nature
<input type="checkbox"/>	Week Eight	7/28 -8/1	Vacation in Mexico*

Please note that tuition will not be credited for days missed. In the event that your schedule changes, please notify summer camp administration as soon as possible.

****You will be invoiced for any weeks for which you register, whether or not your child actually attends camp.**

- **ADVANCE PAYMENT REQUIRED**
- **DROP-IN CARE NOT AVAILABLE**

Camper's Name _____ Birthdate _____ Age _____

School Camper Attends _____

Camp T-shirt \$5.00 (optional) Yes I would like one Please circle size: 2-4 6-8 10-12 14-16

Parent/Guardian Information:

Mother's Name _____ Daytime phone _____

Father's Name _____ Daytime phone _____

Address _____ Home phone _____

City _____ State _____ Zip Code _____

Email address _____

Billing address (if different) _____

City _____ State _____ Zip Code _____ Phone _____

Emergency Contact Name _____ Phone _____

Students who are enrolled both in CDSA for the 2008-09 school year and all eight weeks of Summer Camp are eligible for a 15% discount on summer camp tuition if attending all 8 weeks of camp. Please check one, if applicable:

- We will combine summer and school year tuition with 12 monthly payments.
- We will pay the discounted summer tuition in one lump sum by May 30th.

All registration *must be* accompanied by non-refundable **\$45 registration fee, \$5.00 for camp shirt (if applicable) and one week of camp tuition.** (If combining with school year tuition, add the registration fee to your tuition deposit.) Please mail completed form with payment to:

Country Day School of Arlington
Attn: Summer Camp/Admissions
1300 Roosevelt St. Arlington, Texas 76011
~ Please complete both sides of this form ~

Summer Camp 2008 Student Information

(Please Print)

Mother's driver's license # _____

Father's driver's license # _____

Check all that apply:

Water activities: I give do not give – consent for my child to participate in water activities.

Health/Allergy Information:

Current immunization records must accompany registration if not on file with CDSA.

Are all immunizations on file and current with the school? Yes No (if no attach copy to this form)

Check if your child has any of the following:

- Allergies Previous serious illness/injury
 Nosebleeds Hospitalization in the past 12 months

Explain _____

Dispensing of Medication:

Does student take prescription medication? No Yes

If yes, what medication(s)? _____

Will medication(s) need to be dispensed during summer program hours? Yes No

Medications that are required must be supplied by the parents and brought to the school in the original container and properly labeled. Dispensing information must include the name of the student, name of the medication, dosage amount, and time the medication is to be dispensed.

Is your child in any special programs at school or does your child have any disability which necessitates special attention or care?

No Yes (explain) _____

Since many of our school activities are conducted outdoors, we often find it necessary to spray insect repellent or to apply sunscreen to students. Please check the appropriate box to grant or deny permission to apply these products to your child.

I hereby (give do not give) consent for my child to receive insect repellent by camp staff.

I hereby (give do not give) consent for my child to receive sunscreen by camp staff.

Physician to contact in case of emergency:

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Emergency Medical Authorization:

I hereby certify that my child is in good health and may participate in all activities. In case of an emergency, I give my permission for my child to be given emergency treatment at any hospital reasonably accessible.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

How did you hear about our summer camp? CDSA website Mailer Current CDSA Student

Word-of-mouth—who can we thank? _____ Publication--which one? _____

Other _____