



2010 Summer Program Registration Form

All registration forms must be accompanied by a non-refundable \$55.00 registration fee (includes t-shirt)

****Check all of the weeks your child will attend and indicate your schedule choice for each week attended****

				5 full	5 half	3 full	3 half	2 full	2 half
_____	Wk One	6/7 – 6/11	Bubble Mania	—	—	—	—	—	—
_____	Wk Two	6/14 – 6/18	Teepees, Tribes, and Totem Poles*	—	—	—	—	—	—
_____	Wk Three	6/21 – 6/25	Arctic Blast	—	—	—	—	—	—
_____	Wk Four	6/28 – 7/2	The Very Hungry Author/Eric Carle	—	—	—	—	—	—
_____	Wk Five**	7/6 – 7/9	Commotion in the Ocean*	—	—	—	—	—	—
		<i>**prorated week: Camp closed Monday, 7/5 for Independence Day</i>							
_____	Wk Six	7/12 – 7/16	A Breath of Fresh Air	—	—	—	—	—	—
_____	Wk Seven	7/19 – 7/23	Inventors' Workshop	—	—	—	—	—	—
_____	Wk Eight	7/26 – 7/30	Digging the Dinos	—	—	—	—	—	—
_____	Wk Nine	8/2 – 8/6	Everybody's Body*	—	—	—	—	—	—

*Optional Field Trips Wks 2, 5, and 9: Creative Arts Theater & School Performances, additional \$6.00/performance (4 yrs+)

Summer Program Schedule Options

5 full days (M - F)	8:15 – 3:30	\$175/week
5 half days (M - F)	8:15 – 12:30 (Toddler: 8:15-12:00)	\$125/week
3 full days (M,W,F)	8:15 – 3:30	\$115/week
3 half days (M,W,F)	8:15 – 12:30 (Toddler: 8:15-12:00)	\$85/week
2 full days (T,Th)	8:15 – 3:30	\$85/week
2 half days (T,Th)	8:15 – 12:30 (Toddler: 8:15-12:00)	\$65/week

Extended Day

Rates based on \$.10/minute charge
 _____ Morning 7:00 – 7:30*
 _____ Morning 7:30 – 8:00*
 _____ Afternoon 3:30 – 6:00
**based on enrollment needs*

Each weekly summer program will include High-Touch High-Tech Science, Music, Spanish, and Stretch-n-grow

Camper's Name _____ Birthdate _____ Age _____

School Camper Attends _____ Please circle t-shirt size (included): 2-4 6-8 10-12 14-16

Parent/Guardian Information:

Mother's Name _____ Daytime phone (____) _____ Cell phone (____) _____

Father's Name _____ Daytime phone (____) _____ Cell phone (____) _____

Address _____ Home phone _____

City _____ State _____ Zip Code _____

Primary email address _____ Secondary email address _____

Billing address (if different) _____ City _____ State _____ Zip Code _____

Emergency Contact Name _____ Phone _____

Students who are enrolled both in CDSA for the 2010-11 school year and *all nine weeks* of Summer Program are eligible for a 10% discount on summer program tuition if attending all 9 weeks. 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 1, 2010.

Summer Program 2010 Student Information

(Please Print)

Since many of our program activities are conducted outdoors, we often find it necessary to apply insect repellent or sunscreen to students. Please check the appropriate box to grant or deny permission to apply these products to your child (Check all that apply):

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

I hereby give do not give consent for my child to receive sunscreen by program staff.

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? Yes No

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. **A parent must sign the Medication Authorization Form at the front desk before medication will be dispensed.**

Is your child in any special programs at school or does your child have any disability which necessitates special attention or care? Yes No (If yes, explain)

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 the hospital required by law.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

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

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

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