



2011 Summer Program Registration Form

Student Name: _____

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

		Indicate the weeks your child will attend by checking your schedule choice for each week								
		Theme of the week:	5 full	5 half	4 full	4 half	3 full	3 half	2 full	2 half
Wk One	6/6 – 6/10	How the West Was Fun*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wk Two	6/13 – 6/17	Books Come Alive Todd/Trans.- "Get Loose with Mother Goose" Primary/K-1- "Caldecott Winners; And the Winner Is??"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wk Three	6/20 – 6/24	E-I-E-I-O - Farm Animals and Pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wk Four	6/27 – 7/1	Little Chefs Todd./Trans.- "Healthy Choices" Primary/K-1 - "Kids in the Kitchen" *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wk Five***	7/5 – 7/8	Families Around the World*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wk Six	7/11 – 7/15	Jungle Mania* Todd./Trans.- "Monkey Mania" Primary/K-1 - "Zipping, Zapping, Zooming BATS!"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wk Seven	7/18 – 7/22	To Infinity & Beyond!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wk Eight	7/25 – 7/29	What's Bugging You?*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wk Nine	8/1 – 8/5	Weather or Not?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>*Optional Field Trip Wks 1,5,6,7, and 8 for Kindergarten and First Grade Students - additional \$5.00-\$8.00 field trip fee will apply **AN ADDITIONAL \$5.00 PER CHILD in Primary, K-1 WILL BE NEEDED FOR FOOD SUPPLIES. ***Prorated week: CDSA closed Monday, 7/4 for Independence Day</p>										

High-Touch High-Tech Science, Music, Spanish and Stretch-N-Grow will be a regular part of the summer program.

Summer Program Schedule Options

5 full days (M - F)	8:15 – 3:30	\$180/week
5 half days (M - F)	8:15 – 12:30 (Toddlers 8:15-12:00)	\$130/week
4 full days (M - F)	8:15 – 3:30	\$155/week
4 half days (M - F)	8:15 – 12:30 (Toddlers 8:15-12:00)	\$115/week
3 full days (M,W,F)	8:15 – 3:30	\$125/week
3 half days (M,W,F)	8:15 – 12:30 (Toddlers 8:15-12:00)	\$95/week
2 full days (T,Th)	8:15 – 3:30	\$90/week
2 half days (T,Th)	8:15 – 12:30 (Toddlers 8:15-12:00)	\$70/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*

All summer registrants are encouraged to utilize the convenience of automatic tuition payments through Tuition Express.

Students who early re-enroll for the 2011-12 school year and register for all nine weeks of the CDSA Summer Program prior to May 1 are eligible for a 10% discount* on summer tuition. Please check one if eligible for discount:

- We will pay the discounted summer tuition in one lump sum by May 1, 2011.
- We will pay the discounted summer tuition prior to each week attending.
- We will combine summer and school year tuition into 12 monthly payments.

**Discount will not be applied to additions/changes made to registrations after May 1, 2011*

~ Please complete both sides of this form ~

2011 Summer Program: Student Information

(Please Print)

Child's Name _____ Date of birth: _____ Age _____

School Child 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 _____

Emergency Contact Name _____ Phone (_____) _____

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.

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. Please initial _____

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? _____

Other _____