

# Registration Form

## CLA Summer Camp 2019

*This form may be duplicated. Please use one form per child.*

Today's Date: \_\_\_\_\_

Child's Name \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Email: \_\_\_\_\_

Will you be driving your child to his/her program? \_\_\_\_ Yes \_\_\_\_ No

If no, who? \_\_\_\_\_

Will you be picking up your child from his/her program? \_\_\_\_ Yes \_\_\_\_ No

If no, who? \_\_\_\_\_

Emergency Contacts: Persons allowed to pick up your child and/or arrange for medical treatment if necessary:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Current health information the summer staff should be aware of: (allergies, asthma, diabetes, etc.)

\_\_\_\_\_  
\_\_\_\_\_

List all medications: \_\_\_\_\_

Photo release: My child has permission to be photographed. \_\_\_\_ Yes \_\_\_\_ No

Parent/Guardian signature: \_\_\_\_\_

Date \_\_\_\_\_

Upcoming Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Please indicate the week(s) you would like to sign up for:**

\_\_\_ Week 1: June 17th-21st **The Great Outdoors** (camping week)

\_\_\_ Week 2: June 24th-28th **Superhero Week**

\_\_\_ Week 3: July 8th-12th **Lights, Camera, Action** (music and dance week)

\_\_\_ Week 4: July 15th-19th **Splish-Splash** (water play week)

\_\_\_ Week 5: July 22rd-26th **It's A Small World** (exploring our world)

\_\_\_ Week 6: July 29th-Aug 2rd **Cooking Week** (YUM!)

\_\_\_ Week 7: Aug 5th-9th **Out of This World** (science week)

\_\_\_ Week 8: Aug 12th-16th **Carnival Week**

\_\_\_ **Total week(s)** x \$140 (8:30-3:00) \$25 Before Care (7:30-8:30) \$180 (8:30-4:00) \$210 (8:30-5:30)

= Total \$ \_\_\_\_\_

(circle amount/s that apply)

**Authorization for activities off school grounds & Authorization for emergency medical treatment**

I hereby consent to have my child participate in field trips supervised by the teaching staff—away from school grounds to nearby points of interest.

I hereby authorize Christian Life Academy to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care, in case I am not immediately available. Any qualified physician, called by Christian Life Academy may treat and do whatever is necessary for the health and well-being of my child until I can be notified. Christian Life Academy may choose either Danbury or New Milford hospital, unless I/we specify a different hospital. It is understood that a conscientious effort must be made to notify the parents before such action will be taken.

SIGNATURE MOTHER \_\_\_\_\_ DATE: \_\_\_\_\_

(OR) SIGNATURE FATHER \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE LEGAL GUARDIAN \_\_\_\_\_ DATE: \_\_\_\_\_