

# Registration Form



## CLA Summer Camp 2021 (Ages 4-11)

*Please use one form per child & complete both sides.*

Child's Name \_\_\_\_\_ Today's Date: \_\_\_\_\_

Upcoming Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Parent/Guardian Names: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Email: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

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: \_\_\_\_\_

**All New Students will need a medical form to enter.**

**CLA students 5 years & under should have a current health form on file. If not, our nurse will contact you.**

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

\_\_\_\_ Week 1: July 12th-16th **Ocean**

\_\_\_\_ Week 2: July 19th-23rd **Super Heroes**

\_\_\_\_ Week 3: July 26th-30th **Great Outdoors**

\_\_\_\_ Week 4: Aug. 2nd-6th **Around the World**

\_\_\_\_ Week 5: Aug. 9th-13th **Splish splash**

\_\_\_\_ Week 6: Aug 16th-20th **Science**

**(Total amount/s that apply)**

**Summer Camp**

\_\_\_\_ Total week(s) x \$165 (8:30-3:00) (Students picked up after 3pm will be charged a late pick-up fee.)

= **Total \$**\_\_\_\_\_ No payments will be processed before June 1st. All checks and cash will be held until June 1st. **All payments are due Monday morning on the week of camp or before.**

In order to attend CLA's summer camp, your school's account balance must first be paid in full.

**Students will need to bring a healthy bagged lunch, snacks, extra change of clothes, sunscreen, & water bottle.**

**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: \_\_\_\_\_