

CRCA SUMMER 2009 DAY CAMP

Enrollment: \$55.00

Fee Schedule

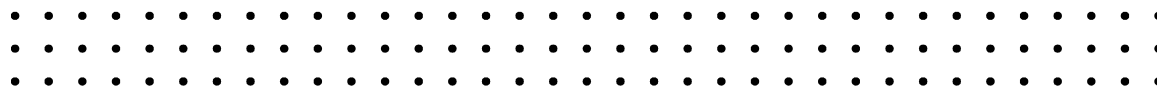
DAYCARE RATE

(6:30 a.m. - 6:00 p.m.)

2-year-olds	\$149.50 per week
3 to 5-year-olds	\$139.50 per week

FIELD TRIPPERS

6 to 12-year-olds	\$139.50 per week Plus Activity Fee Of \$7.50 per week
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CAMP-ONLY RATE

3 to 5-year-olds (9:00 - 12:00)	\$ 61.50 per week
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FIELD TRIPPERS

6 to 12-year-olds (9:00 - 4:00)	\$106.50 per week Plus Activity Fee of \$7.50 per week
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\$55 FEE PAID _____
CASH/CHECK# _____

CEDAR ROAD CHRISTIAN ACADEMY
916 Cedar Road
Chesapeake VA 23322
(757) 547-9553
SUMMER CAMP 2009
REGISTRATION FORM

Camper's Name _____
(Last) (First) (Middle)

Address _____
(city, state, zip)

Home Phone: _____

Age: _____ Grade 2009-2010 _____ Birthday: _____ - _____ - _____
(Month) (Day) (Year)

Mother's Name: _____

Address (city, state, zip): _____

Home Phone: _____ Work Phone: _____

Alt. Phone: _____ E-Mail: _____

Father's Name: _____

Address (city, state, zip): _____

Home Phone: _____ Work Phone: _____

Alt Phone: _____ E-Mail: _____

My child(ren) will attend summer camp on the following basis (please circle one):

CAMP ONLY: 9:00 - 12:00 (THREE THROUGH FIVE YEAR-OLDS)
9:00 - 4:00 (SIX THROUGH 12 YEAR OLDS)

Or

FULL TIME: Our hours are 6:30 a.m. to 6:00 p.m. If your child requires care before or after the CAMP ONLY hours, then he would be considered FULL TIME.

Cedar Road Christian Academy is authorized to release my child to the following people:

Name:	Daytime phone #:	Relationship to Child:

Medication Consent Form
Cedar Road Christian Academy has my permission to administer the following to my child when needed and according to the dosage recommended by the manufacturer.
<input type="checkbox"/> Children's Tylenol <input type="checkbox"/> Pepto Bismol
<input type="checkbox"/> Tums <input type="checkbox"/> Do not administer. Please call immediately.
<input type="checkbox"/> Benadryl
Is child on any type of medicine? If so, what kind _____

IF THERE IS A SITUATION THAT YOU WOULD LIKE US TO BE ESPECIALLY CAUTIOUS ABOUT, SUCH AS ALLERGIES OR CHILD CUSTODY ISSUES, PLEASE EXPLAIN IN THE SPACE BELOW:

PARENT'S SIGNATURE: _____ **DATE:** _____