



# Summer Fun 2019

## Full-Day Registration Form (7am-6pm)

All fees are due at time of enrollment. No refunds of payments, changes, or special considerations will be honored after registration or during the summer program.

A separate registration form is required for each child.

<b>Child's Name</b>			
Boy <input type="checkbox"/>	Girl <input type="checkbox"/>	Age	Birthdate
Present School		Teacher/Room #	2018/19 Age Level/Grade
Primary Email Address			
Father's Name		Cell Phone	Work #
Father's Place of Employment			
Mother's Name		Cell Phone	Work #
Mother's Place of Employment			
Home Address			
City	State	Zip	Home Phone
Allergies			
Child's Physician			
Phone			
<b>CHOOSE HOSPITAL PREFERENCE</b>			
<input type="checkbox"/> CMC • 704.355.2000	<input type="checkbox"/> CMC Pineville • 704.667.1000	<input type="checkbox"/> Presby Main • 704.384.4000	<input type="checkbox"/> Presby Matt 704.384.6500
<b>EMERGENCY CONTACT NAME &amp; NUMBER (local please)</b>			
1			Phone
2			Phone

## Full-Time TK through Completed 2nd Graders

SELECT ONLY THE WEEKS THAT FIT YOUR SCHEDULE

### Fees:

Presently Enrolled CDC TK Student Fees: \$300/Wk • No Registration Fee

Presently Enrolled CDC Kindergarten Student Fees: \$310/Wk • No Registration Fee

Attended elsewhere TK & Up Fees: \$310/Wk plus a **\*\$50 Registration Fee due at time of enrollment**

**Each week of camp may be signed up for INDIVIDUALLY, even if they state Part 1 & Part 2**

Ready, Set, Draw	Father's Day	Rain Forest	Pets	America	Dr. Seuss	Ocean	Legos	Top Chef	Nocturnal Animals	Games Galore	# of Wks	Multiplied by amount per week	*Plus Reg. Fee for NEW student	Totaling Column
June 3-7	June 10-14	June 17-21	June 24-28	**July 1-5	July 8-12	July 15-19	July 22-26	July 29th-Aug 2nd	August 5-9	**August 12-15				
													<b>*\$50</b>	

Check # _____	<b>Charge Card Payment:</b>		In Person      Online		Date _____
	Visa	AE	MC	Discover	

**\*\*Closed Thursday, July 4, 2019 & Friday, August 16, 2019**

**Please complete page 2 on reverse side**

# Calvary Child Development Center

Please check and initial each box to denote that you have read and understood the CCDC Policies.  
The fill in the **SIGN and DATE** box at the bottom of this page.

<input type="checkbox"/> Check  <input type="text"/> Initial	<b>DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY</b>
	I have read and understand the facility's Discipline & Behavior Management Policy, and the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline & Behavior Management Policy with me, if requested.
<input type="checkbox"/> Check  <input type="text"/> Initial	<b>DIRECTOR DISCRETION REGARDING CONTINUED ENROLLMENT</b>
	I have read and understand the Director Discretion Regarding Continued Enrollment Policy.  <input type="checkbox"/> I do hereby state that my child is in good health & is physically able to participate in all activities at Calvary Child Development Center.
<input type="checkbox"/> Check  <input type="text"/> Initial	<b>KEY FOB POLICY</b>
	I have read and understand the security procedures, and acknowledge our responsibilities concerning those procedures.
<input type="checkbox"/> Check  <input type="text"/> Initial	<b>PHOTO RELEASE POLICY</b>
	I have read and understand the Photo Release Policy & I select:  <input type="checkbox"/> YES or <input type="checkbox"/> NO for consent.
<input type="checkbox"/> Check  <input type="text"/> Initial	<b>PEANUT FREE POLICY</b>
	I have read and understand the Peanut Free Policy, and acknowledge that Calvary Child Development Center is a Peanut Free School.
<input type="checkbox"/> Check  <input type="text"/> Initial	<b>PLAYGROUND POLICY</b>
	State law requires that parents must approve of their child walking or playing outside fenced areas. Some preschool and day care centers have door that open directly to fenced playgrounds. However, owing to size and original construction of our building and the location of our playgrounds, parent consent is required. I will allow my child to walk or play outside the fenced area. This is valid from 6/1/18 - 8/25/18
<input type="checkbox"/> Check  <input type="text"/> Initial	<b>BITE POLICY • For ALL Students entering the 2s and 3s Program ONLY</b>
	As the parent/guardian(s) of a child entering the 2s or 4s program, I have read and understand the facility's Bite Policy, and the facility's director/owner/operator (or other designated staff member) has discussed the facility's Bite Policy with me, if requested.

## SIGN AND DATE

I, the undersigned parent or guardian of \_\_\_\_\_ (child's full name), do hereby state that I have read each statement above and understand the policies, laws, and regulations.

**\*\*\*Please check and initial each box above, then sign and date below before submitting application.\*\*\***

DATE OF CHILD'S ENROLLMENT (First Day of Attendance) \_\_\_\_\_

PRINT PARENT'S NAME Clearly \_\_\_\_\_

Signature of Parent (or Legal Guardian) \_\_\_\_\_

Date \_\_\_\_\_

Accepted By - Signature of Executive Director \_\_\_\_\_

Date \_\_\_\_\_