



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.

| | | | |
|---|---|---|---|
| Child's Name | | | |
| 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 | | | |
| CHOOSE HOSPITAL PREFERENCE | | | |
| <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 |
| EMERGENCY CONTACT NAME & NUMBER (local please) | | | |
| 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 | Patriotic | Dr. Seuss | Oceans | 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 | | | | |
| | | | | | | | | | | | | | *\$50 | |

| | | | | | |
|---------------|-----------------------------|----|-----------------------|----------|------------|
| Check # _____ | Charge Card Payment: | | 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 style="width: 40px; height: 20px;" type="text"/> Initial | DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY |
| | 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 style="width: 40px; height: 20px;" type="text"/> Initial | DIRECTOR DISCRETION REGARDING CONTINUED ENROLLMENT |
| | 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 style="width: 40px; height: 20px;" type="text"/> Initial | KEY FOB POLICY |
| | I have read and understand the security procedures, and acknowledge our responsibilities concerning those procedures. |
| <input type="checkbox"/> Check <input style="width: 40px; height: 20px;" type="text"/> Initial | PHOTO RELEASE POLICY |
| | 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 style="width: 40px; height: 20px;" type="text"/> Initial | PEANUT FREE POLICY |
| | 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 style="width: 40px; height: 20px;" type="text"/> Initial | PLAYGROUND POLICY |
| | 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 style="width: 40px; height: 20px;" type="text"/> Initial | BITE POLICY • For ALL Students entering the 2s and 3s Program ONLY |
| | 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 _____