



REGISTRATION FORM 2020 SUMMER

Child Information:

Child's Full Name: _____ Grade Just Completed: _____

Name child will go by at camp: _____ Birthdate: _____

Address: _____

Phone Number: _____ Gender: _____

Allergies/Medications: _____

Chronic Medical Conditions/Special Needs/Food your child cannot eat: _____

List therapies your child is receiving or has received: _____

Is child potty trained? _____ Any special information we should know if they are starting this process _____

Does child take a nap? _____

Any other helpful information we need to know about your child?

Parent Information:

Mom's Name: _____ Phone Number: _____

Home Address: _____

Occupation/Employer: _____

Cell Phone/Alternate Phone Number: _____

Email Address: _____

Dad's Name: _____ Phone Number: _____

Home Address: _____

Occupation/Employer: _____

Cell Phone/Alternate Phone Number: _____

Email Address: _____

Does child live with both parents? _____ If no who does child spend most of the time with? _____

List all people other than Mom and Dad who are authorized to pick your child up from CCA:

Full Name: _____

Home Phone: _____ Cell Phone: _____

Relationship to Child: _____

Full Name: _____

Home Phone: _____ Cell Phone: _____

Relationship to Child: _____

Full Name: _____

Home Phone: _____ Cell Phone: _____

Relationship to Child: _____

Medical Information:

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Insurance Carrier: _____

Policy Number: _____

Emergency Contact: Name: _____

Phone Number: _____ Cell Phone: _____

Parental Agreements/Permissions: Please initial by each statement:

_____ I understand that my child's picture may be taken while at camp. I give permission for any pictures to be used by the preschool in presentations or publications.

_____ In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary for my child, transfer to Anmed Health if deemed necessary, and for physician(s) at Anmed Health to treat my child.

_____ I understand that a registration fee of \$25 is due if you are not currently enrolled at CCA for the previous school year (2019-2020) or the following school year (2020-21). This is a non-refundable fee.

_____ I understand that if for any reason I want to withdraw my child from Covenant Christian Academy, I must give a one month notice. If I don't give a notice, I will still owe the month's tuition in full.

_____ I understand that tuition is due by the 5th of every month for preschool full-time students and preschool half-day care. For students who are just coming for summer, the full time weekly tuition is due at the beginning of each week attended. If your child is just coming for camp, tuition is due at the beginning of each week attended.

Program Information: Please circle the program(s) enrolling child in:

CCA Preschool Full Time Students: \$415 per month

Half Day Care for CCA Preschool Students: \$275 per month for 5 days- Half day is Monday-Friday 8:30-12:00.

Full Time Care for Summer Students: \$115/week due each week they attend

Summer Camp 8:30-12:00 Tuesday-Thursday: \$65/week

Please circle the weeks your child will attend the camp:

June 9 - 11

June 16-18

June 23-25

June 30-July 2

July 7-9

July 14-16

July 28-30

Aug 4-6

Aug 11-13

*July 20-24 we will be closed for camp. We will only have full time students due to Winshape camp that will be at the church.

If you are a full time camper, please list below the week(s) that you will be on vacation:

Parent Signature: _____

Date: _____