



San Diego Campus

SUMMER DAY CAMP 2017 APPLICATION

Child's Family Name: _____ First Name: _____ Sex: _____

Street Address: _____ City: _____ Postal Code: _____ Date of Birth: _____

Health Card # _____ Doctor's Name & Phone # _____ Allergy (if any)
(Attach sheet if necessary)

Mother's/Guardian's Name: _____ Home Tel. _____ Bus. Tel _____ Mobile _____

Father's/Guardian's Name: _____ Home Tel. _____ Bus. Tel _____ Mobile _____

Emergency/Pick-Up Name: _____ Home Tel. _____ Bus. Tel _____ Mobile _____

- I/we confirm that I/we are ALL and the ONLY parent(s) and/or guardian(s) of the above named child.
- I/we hereby apply for registration for the herein-named child for the summer camp session(s) at **CMS**, as indicated in this application.
- I/we have enclosed a post-dated check dated June 15th to cover the full payment for session 1 & 2.
- I/we have enclosed a post-dated check dated July 15th to cover the full payment for session 3 & 4.
- In the event of an accident or illness involving my child, while my child is at the summer camp/school, I/we authorize the administration of any medical procedure deemed necessary by a qualified physician or hospital emergency department, including anesthetic.



San Diego Campus

SUMMER DAY CAMP 2017 APPLICATION

- I/we understand that during the course of my child's daily activities in the summer camp / school, injuries may occur. I/we hereby agree to release and indemnify CMS, and its affiliates, from any and all claims and damages arising as a result of any accident, injury or incident involving my/our child, arising from participating in any school activities that is NOT caused as a result of the direct negligent act/omission of CMS and/or any of its staff.
I/we agree to give two (2) weeks written notice before ALL the sessions begin if I/we want to withdraw my child from summer camp / school during the sessions indicated below.
I/we request the enrolment of my/our child in the following sessions during the summer:

Toddler Program (18 months to 3 years)

- 2 Full Days, 3 Full Days, 4 Full Days, 5 Full Days
2 Half Days, 3 Half Days, 4 Half Days, 5 Half Days

Casa Program: (3 years to 6 years)

- 2 Full Days, 3 Full Days, 4 Full Days, 5 Full Days
2 Half Days, 3 Half Days, 4 Half Days, 5 Half Days

Extended Hours: (7:00 - 8:30 a.m.) Yes No
Extended Hours: (3:00 - 6:00 p.m.) Yes No

Approximate Drop-Off Time Pick-Up Time

First Session

July 03 - July 14 []

Second Session

July 17 - July 28 []

Third Session

July 31 - Aug. 11 []

Fourth Session

Aug. 14 - Aug. 25 [] All sessions []

I/we understand that, to ensure a spot for my/our child, this form, along with payment must be received by no later than Monday, April 24, 2017.

Parent (1)'s /Legal Guardian's Signature:

Parent (2)'s/Legal Guardian's Signature:

Date: