



## SUMMER DAY CAMP 2023 APPLICATION

Child's Family Name: First Name: Sex:

Street Address: City: Zip Code: Date of Birth:

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

Mother's/Guardian's Name: Home Tel. Email Address Mobile  
(Please Print)

Father's/Guardian's Name: Home Tel. Email Address Mobile  
(Please Print)

Emergency/Pick-Up Name: Home Tel. Email Address Mobile  
(Please Print)

- 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 15<sup>th</sup> to cover the full payment for session 1 & 2.
- I/we have enclosed a post-dated check dated July 15<sup>th</sup> 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

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- 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 – 5:00 p.m.) Yes ☐ No ☐

Approximate Drop-Off Time \_\_\_\_\_ Pick-Up Time \_\_\_\_\_

**First Session**

July 5 – 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, 2023.**

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

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

Date: \_\_\_\_\_