



CMSAA Summer Camp 2009

Program Enrollment Form

\$50.00 Deposit (non-refundable but applied to camp tuition)

Child's Full Name _____ Birthdate _____

Address _____ City _____ Zip _____

Email _____ Phone _____

Mother's Name _____ Father's Name _____

Please select the camp your child will attend:

- Children's House Camp Elementary Camp

Please indicate the session and days your child will attend camp (minimum of three days per week)

Half day program available for Children's House camp only

- Session 1: June 15 - June 26
 - Half Day (8:30 - 12:00 p.m.) Full Day (8:30 - 3:15 p.m.)
 - Monday Tuesday Wednesday Thursday Friday
- Session 2: June 29 - July 10 (Camp will NOT be held on Friday, July 3)
 - Half Day (8:30 - 12:00 p.m.) Full Day (8:30 - 3:15 p.m.)
 - Monday Tuesday Wednesday Thursday Friday
- Session 3: July 13 - July 24
 - Half Day (8:30 - 12:00 p.m.) Full Day (8:30 - 3:15 p.m.)
 - Monday Tuesday Wednesday Thursday Friday
- Session 4: July 27 - August 7
 - Half Day (8:30 - 12:00 p.m.) Full Day (8:30 - 3:15 p.m.)
 - Monday Tuesday Wednesday Thursday Friday
- Session 5: August 10 - August 21
 - Half Day (8:30 - 12:00 p.m.) Full Day (8:30 - 3:15 p.m.)
 - Monday Tuesday Wednesday Thursday Friday

Tuition:

CH and Elementary Camp Full Day

5 days a week: \$420 for two week session

3 or 4 days a week: \$50 a day

CH Half-Day Camp

5 days a week: \$280 for two week session

3 or 4 days a week: \$35 a day

The first sibling of the oldest enrolled child will receive a 10% tuition discount. Additional siblings will receive a 25% tuition discount.

- I confirm that my child is currently enrolled at CMSAA and that the information below is on file and current.
- My child is not currently enrolled at CMSAA. The following information will be completed and submitted prior to the start of my child's first camp session.

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| <ol style="list-style-type: none"> 1. Medical Authorization Form 2. Emergency Contact Form 3. Parental Acknowledgement of Physical Health 4. Snack Form 5. Authorization Form 6. Pre-primary Child Placement Contract (for ages 3-4) 7. Health Appraisal Form |
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To secure placement in your preferred week(s) please complete and return this form with a check made out to CMSAA.

Parent Signature

Date