



CMSAA Children's House Summer Camp

2010 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 indicate the weeks and days your child will attend camp (*minimum of two days per week*). Choose half day (8:30–12:00) or full day (8:30 – 5:30).

Week beginning:

June 21 "Celebrating America" Monday Tuesday Wednesday Thursday Friday half day full day

July 2 "Celebrating America" Monday Tuesday Wednesday Thursday Friday half day full day

July 6 (no class July 5th) "Creatures from the Past" Tuesday Wednesday Thursday Friday half day full day
(full week tuition this week only \$145 full day, \$80 half day)

July 16 "Creatures from the Past" Monday Tuesday Wednesday Thursday Friday half day full day

July 19 "Sun, Sand and Surf" Monday Tuesday Wednesday Thursday Friday half day full day

July 30 "Sun, Sand and Surf" Monday Tuesday Wednesday Thursday Friday half day full day

August 2 "Jump, Crawl and Fly" Monday Tuesday Wednesday Thursday Friday half day full day

August 13 "Jump, Crawl and Fly" Monday Tuesday Wednesday Thursday Friday half day full day

August 16 "International Celebration" Monday Tuesday Wednesday Thursday Friday half day full day

Tuition:

Full Day

5 days a week: \$180 per week

Per day rate (min 2 days a week): \$40 a day

Half-Day Camp (corrected)

5 days a week: \$100 per week

Per day rate (min 2 days a week): \$25 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.

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

To secure placement in your preferred week(s) please complete and return this form with a check made out to CMSAA.

Parent Signature _____

Date _____

Forms may be mailed to CMSAA, 5225 Jackson Road, Ann Arbor, MI or faxed to 734-213-6207.