

CAPE CHRISTIAN ACADEMY

2016 SUMMER CAMP

STUDENT'S LAST NAME
(PRINT)

FAMILY'S LAST NAME
(IF DIFFERENT)

OFFICE USE ONLY	Amt.	CHK. #	DATE	Init.
Registration fee				
June				
July				
August				

A. Family Information

Home Phone: _____

Dad's First Name: _____

Cell #: _____ Work # _____

Mom's First Name: _____

Cell #: _____ Work # _____

Email: _____

Mailing address:

Street _____

City _____ State _____ Zip _____

Township: _____

Martial status

Married Widowed Single
 Separated Divorced

Please list children that you are registering:

FIRST NAME	NICKNAME	GRADE	M/F	DOB
1. _____	_____	_____	M/F	___/___/___
2. _____	_____	_____	M/F	___/___/___
3. _____	_____	_____	M/F	___/___/___
4. _____	_____	_____	M/F	___/___/___

OFFICE USE ONLY:

- | | |
|---|--|
| <input type="checkbox"/> Registration form | <input type="checkbox"/> Photo release |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Signed Contract |
| <input type="checkbox"/> Health & Immunization records | |
| <input type="checkbox"/> Permission transportation form | |

Emergency Contact Information

CONTACT MUST BE SOMEONE OTHER THAN PARENT

Print Name: _____

Relationship to child: _____

Cell #: _____ HM #: _____

Medical Information

Physician's Name: _____

Office Phone #: _____

Restrictions: _____

Allergies: _____

Insurance Information: _____

Has/have permission to pick up my child(ren)

1. _____

Contact # _____

2. _____

Contact# _____

3. _____

Contact # _____

Parent signature _____

2016 Cape Christian Academy Summer Camp Fees
 \$60 Non-Refundable Fee Due To Hold Your Spot
WEEKLY PAYMENT DUE IN ADVANCE BY FRIDAY

Full Day Students (More than 6 hours)

5 days per week:	\$125.00	\$25.00 per day
4 days per week:	\$125.00	\$31.25 per day
3 days per week:	\$105.00	\$35.00 per day
2 days per week:	\$70.00	\$35.00 per day
1 day per week:	\$35.00	\$35.00 per day

Partial Day Students (Up to 6 Hours)

5 days per week:	\$100.00	\$20.00 per day
4 days per week:	\$100.00	\$25.00 per day
3 days per week:	\$75.00	\$25.00 per day
2 days per week:	\$60.00	\$30.00 per day
1 day per week:	\$30.00	\$30.00 per day

Check each week:	Circle Number of Days Per Week:	Circle days:	Hours Attending:
___ Week 1 June 27-July 1	1 2 3 4 5	M T W T H F	_____
___ Week 2 July 5-8	1 2 3 4	T W T H F	_____
___ Week 3 July 11-15	1 2 3 4 5	M T W T H F	_____
___ Week 4 July 18-22	1 2 3 4 5	M T W T H F	_____
___ Week 5 July 25-29	1 2 3 4 5	M T W T H F	_____
___ Week 6 August 1-5	1 2 3 4 5	M T W T H F	_____
___ Week 7 August 8-12	1 2 3 4 5	M T W T H F	_____
___ Week 8 August 15-19	1 2 3 4 5	M T W T H F	_____
___ Week 9 August 22-26	1 2 3 4 5	M T W T H F	_____

Pay 8 FULL weeks by June 15th and get the 9th week free or

I have read and understand the information on this form.

I agree to the schedule of payment and acknowledge that there are no refunds.

Total amount each week: _____

Print Name: _____

Signature: _____

Date: _____

Witness (CCA staff member) _____