

CAPE CHRISTIAN ACADEMY 2017 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 _____

Father's Name _____

Cell # _____ Work # _____

Email _____

Mother's Name _____

Cell # _____ Work # _____

Email _____

Mailing address:

Street _____

City _____ State _____ Zip _____

Martial status

Married Widowed Single
 Separated Divorced

Township _____

Please list children that you are registering:

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

OFFICE USE ONLY:

Registration form Photo release
 Birth Certificate Signed Contract
 Health & Immunization records
 Permission transportation form

Emergency Contact Information

CONTACT MUST BE SOMEONE OTHER THAN PARENT

Print Name _____

Relationship to child _____

Cell # _____ Home # _____

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 _____

2017 Cape Christian Academy Summer Camp Fees

\$60 Non-Refundable Fee Due To Hold Your Spot

Full Day Students (More than 6 hours)

5 days per week:	\$130.00	\$26.00 per day
4 days per week:	\$120.00	\$30.00 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

Pay 8 Full Day weeks (5 days a week) in full by June 16th and get the 9th week free!

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 Of Attendance:	Circle Number of Days Per Week:	Circle days:	Hours Attending:
___ Week 1 June 26-30	1 2 3 4 5	M T W T H F	_____
___ Week 2 July 3-7	1 2 3 4	M W T H F	_____
___ Week 3 July 10-14	1 2 3 4 5	M T W T H F	_____
___ Week 4 July 17-21	1 2 3 4 5	M T W T H F	_____
___ Week 5 July 24-28	1 2 3 4 5	M T W T H F	_____
___ Week 6 July 31– Aug 4	1 2 3 4 5	M T W T H F	_____
___ Week 7 August 7-11	1 2 3 4 5	M T W T H F	_____
___ Week 8 August 14-18	1 2 3 4 5	M T W T H F	_____
___ Week 9 August 21-25	1 2 3 4 5	M T W T H F	_____

Payments due June 23rd (for week 1), then bi-weekly on June 30, July 14, July 28 & August 11
\$10 Late Fee charged each week for late payments

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) _____