

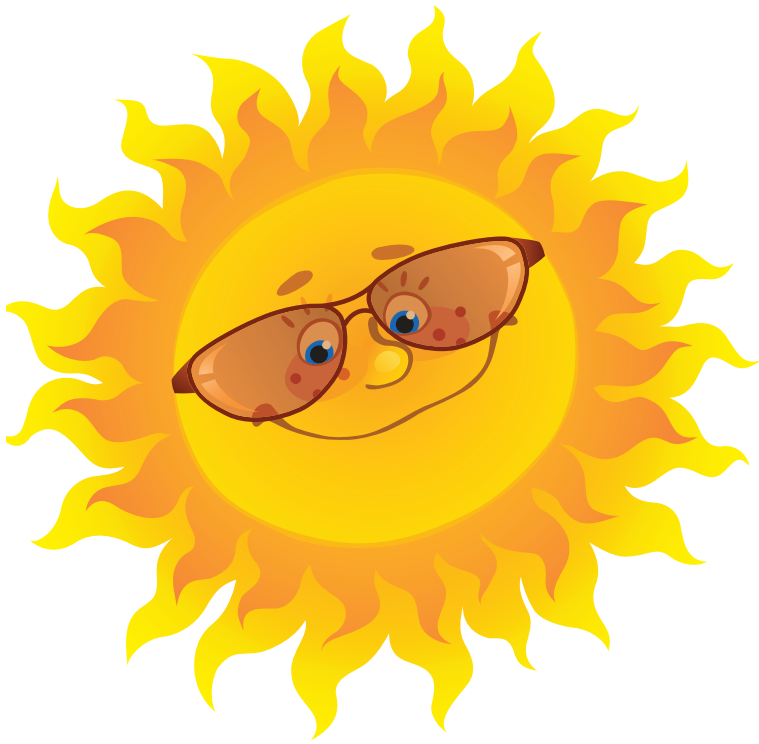


# Summer Fun

## in the Son

Ages: 3 mos.-10 yrs.





# Welcome to Summer Fun in the Sun 2010!

At Central Church Weekday Preschool, we strive to provide quality programs for your child. During our Summer Fun in the Sun program, we will have lots of outdoor play, exciting classroom events, as well as a summer picnic at the end of our program.

Ages: 3 mos.-10 yrs.

Four-day program, Monday-Thursday

Time: 9:30am-1pm

Wednesday, July 7-Thursday, July 29

Tuition & Fees: \$175 per child and a \$25 nonrefundable registration fee, per child

Application must be submitted with the nonrefundable registration fee.

An application must be completed for each child attending the program.

There is a 10% second child tuition discount for families with more than one child.



TODAY'S DATE \_\_\_\_\_

SUMMER 2010

**CHILD'S NAME** (PLEASE PRINT CLEARLY)

LAST \_\_\_\_\_ MIDDLE \_\_\_\_\_ FIRST \_\_\_\_\_

NAME CHILD PREFERS TO BE CALLED \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER  MALE  FEMALE

HOME ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

FAMILY EMAIL ADDRESS \_\_\_\_\_

PARENTS' RELATIONSHIP TO EACH OTHER:  MARRIED  DIVORCED  SEPARATED  SINGLE

CHILD LIVES WITH (PLEASE CHECK ALL THAT APPLY):  MOTHER & FATHER  MOTHER  FATHER  OTHER

**FATHER'S NAME** LAST \_\_\_\_\_ FIRST \_\_\_\_\_

WORK PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

**MOTHER'S NAME** LAST \_\_\_\_\_ FIRST \_\_\_\_\_

WORK PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

**EMERGENCY CONTACT** LAST \_\_\_\_\_ FIRST \_\_\_\_\_

WORK PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

**RELEASE OF CHILD / PERSON TO CLAIM RESPONSIBILITY**

I authorize that my child, \_\_\_\_\_, may be released by Central Church Preschool to any of those listed on the form.

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

WORK PHONE \_\_\_\_\_ HOME \_\_\_\_\_ MOBILE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

WORK PHONE \_\_\_\_\_ HOME \_\_\_\_\_ MOBILE \_\_\_\_\_

## MEDICAL RELEASE

Should my child, \_\_\_\_\_ become ill or suffer an accident of any type while in the care of Central Church of God Weekday Preschool, the director or on-site director shall make every effort to contact me immediately. In that event, said personnel are authorized to secure any medical attention, treatment, and services for my child as may be deemed necessary. Any qualified persons providing such required medical attention, may accept this form as consent for treatment. I agree to assume responsibility for payment of all medical costs incurred.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_ POLICY # \_\_\_\_\_

HOSPITAL PREFERENCE \_\_\_\_\_

## MEDICAL HISTORY

Any known allergies?  YES  NO EpiPen required?  YES  NO

If yes, please list and describe reaction \_\_\_\_\_

MEDICINE ALLERGIES \_\_\_\_\_

SPECIAL DIET \_\_\_\_\_

OTHER \_\_\_\_\_

### RETURN REGISTRATION FORM WITH NONREFUNDABLE REGISTRATION FEE OF \$25 TO:

Central Church Weekday Preschool  
5301 Sardis Rd.  
Charlotte, NC 28270  
704.295.1470 ext. 228

### OFFICE USE ONLY

Registration fee date rec'd \_\_\_\_\_ check #/cash \_\_\_\_\_ Amt \$ \_\_\_\_\_

Parent contact made date \_\_\_\_\_ by whom \_\_\_\_\_

Student placement date \_\_\_\_\_ teacher \_\_\_\_\_

Welcome letter sent date \_\_\_\_\_