



# ChildTime SAC Summer Camp Application 2010



Date: \_\_\_\_\_

Starting Date: \_\_\_\_\_

**Part I. Child's Information**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Camp Attending: \_\_\_\_\_ Grade Level Entering: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

**Part II. Parent/Guardian Information**

Parent/Guardian1: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Parent/Guardian2: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

**Part III. Emergency Contact Information-- must be an individual other parent and local**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Part VI. Authorized Pick- Up People-- must have photo ID present during pick up**

A. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell # \_\_\_\_\_

B. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell# \_\_\_\_\_

C. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell# \_\_\_\_\_

**Part IV. Schedule and Tuition Agreement** - Please place a check beside the schedule needed.

**I. Full Time:** \_\_\_\_\_ **\$125.00/week** – camper will be attending Monday - Friday - **5 days per week**

**II. Part Time:** \_\_\_\_\_ **\$31.50 /day** - Please **circle which days your child will be attending** – camper will attend set certain amount of days per week. Please circle which days of the week CTSAC can expect your child to attend.

**M T W Th F**

**III. Flexible:** \_\_\_\_\_ **\$31.50/day** – Please indicate the number of days your child will be attending. Flexible schedule means that there is an **unknown schedule** but a **known amount of days**.

**Amount of days:** \_\_\_\_\_

**Part V. Funding**

- Child Care Network \_\_\_\_ Co-Pay: \$\_\_\_\_\_ Effective Date: \_\_\_\_\_
- Other \_\_\_\_ Family Fee: \$\_\_\_\_\_ Effective Date: \_\_\_\_\_

**Part VI. Vacation Schedule (Full-Time Students Only)** - Please note any vacation dates below:

\_\_\_\_\_

**Part VII. Medical Information**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Special Health Information (allergies, special needs, diet)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part VIII. Parental Consent**

*Consent granted by parent for: Emergency medical care, minor first aid procedures, and walking trips. I have read and do understand the ChildTime S.A.C. Parent Handbook. I have read and completed all of the above application, and by signing, do acknowledge my understanding of above application and do give my consent. The responsibility for all fees is mine.*

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ChildTime SAC Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please direct questions to either:

- Jessica Darden Rohm, Head of Registration @ 717 - 243 - 8315
- Marie Habib, Director @ 717 - 245 – 9794
- Janet Wolfe, Head of Finance @ 717 – 245 – 9135
- Email: [ctsac@comcast.net](mailto:ctsac@comcast.net)
- Website: [www.childtimesacc.org](http://www.childtimesacc.org)

Applications may be either:

- Mailed to: 401 E. Louther St., Suite 217, Carlisle, PA 17013
- Dropped off at ChildTime SAC school site **no later than April 30, 2010**