



ChildTime SAC Summer Camp Application 2011



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: _____ **\$127.50/week** – camper will be attending Monday - Friday - **5 days per week**

II. Part Time: _____ **\$32.50 /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: _____ **\$32.50/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)

I give consent for CTSAC to use my child's picture for use of company advertising ___yes ___no

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 Rohm, Executive Director @ 717 - 243 – 8315
- Email: CTSACregistration@comcast.net
- Heather Egan, Finance Director @ 717 – 254-6552
- Email: CTSACfinances@comcast.net
- Website: www.childtimesacc.org

Applications may be either:

- Mailed to: 401 E. Louthier St., Suite 217, Carlisle, PA 17013