

CCA Summer Splash 2017

Registration

Registration Fee: \$25 for the first child, \$15 for additional children in the same household

Child's Name: _____ Age: _____ DOB: _____ Male/Female

Fully Potty Trained: Y/N Allergies/Medical Conditions: _____

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Fully Potty Trained: Y/N Allergies/Medical Conditions: _____

Child's Name: _____ Age: _____ DOB: _____ Male/Female

Fully Potty Trained: Y/N Allergies/Medical Conditions: _____

PARENT/GUARDIAN: _____ Phone #: _____

E-mail: _____

Address: _____

PARENT/GUARDIAN: _____ Phone #: _____

E-mail: _____

Address: _____

Emergency Contact (if parent/guardian cannot be reached)

Name: _____ Phone#: _____

Name: _____ Phone #: _____

Please select which weeks and days your child will be attending:

All 9 weeks \$125/week: Monday-Friday
 All 9 weeks select days \$30/day: Monday, Tuesday, Wednesday, Thursday, Friday

OR

Select your weeks \$125/week and days:

Monday-Friday OR Monday, Tuesday, Wednesday, Thursday, Friday

June 5-9 June 26-30 July 17-21
 June 12-16 July 3-7*NO school July 4th July 24-28
 June 19-23 July 10-14 July 31-Aug 4

After Care Needs:

All Days OR Select Days: Monday, Tuesday, Wednesday, Thursday, Friday

ALL Tuition Due on Friday!

Please initial that you understand the following:

I understand there is no refund for missed days due to absence or illness.
 I understand by registering for the full summer I am agreeing to pay for the days I chose for all 9 weeks.
 I understand a \$35 fee will be applied for late payments. If payment has not been made by the second missed payment deadline, your child will be unenrolled from the program.

Summer Drop-in (space permitting). Please call a day in advance to reserve a spot for your child.

\$35/day 7:30am-3:30pm
 \$10/day 3:30pm-5:30pm After Care

Parent/Guardian Signature: _____

Date: _____

Submit completed form with registration Fee to the CCA office located at 802 N Elm Street, Weatherford. If you have any questions please call the CCA office at (817) 599-8601 ext. 20.