

Cornerstone Christian Academy Summer Camp 2017

STUDENT'S
NAME _____

PARENT'S
NAME (S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP
CODE _____

HOME PHONE _____ BIRTHDATE _____

AGE _____ GRADE ENTERING _____ GENDER M F

FATHER'S WORK # _____ MOTHER'S WORK # _____

EMERGENCY CONTACT _____ PHONE NUMBER _____

PHYSICIAN: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

- \$50 deposit required to sign up
- Pool Pass \$35 (One-time fee)
- **Daily rate:** \$33.00 (8:30 a.m. – 3:00 p.m.)

Please enter the dates your child will be attending:

- **Weekly rate:** \$155 (M-F) (8:30 a.m. – 3:00 p.m.)
- \$10 discount for additional siblings per week.

Please enter the weeks your child will be attending:

PAYMENT METHODS

Checks should be made payable to: Cornerstone Christian Academy
 CCA accepts all major credit cards as well as 4-C payments

DAILY CHILDCARE FEES FOR MORNING AND AFTER CARE WILL BE BILLED AT \$4.80 PER HOUR

IN ORDER TO PROVIDE FOR ADEQUATE STAFFING, PLEASE INDICATE HOURS YOU WILL BE USING MORNING/AFTERCARE:

ARRIVAL: _____

PICK-UP: _____

OFFICE USE ONLY:

_____ Deposit Paid

_____ Pool Pass Paid