



Office Use Only	
Paid Week 1	___
Paid Week 2	___
On Roster Week 1	___
On Roster Week 2	___
Email added Week 1	___
Email added Week 2	___
Confirmation Sent Week 1	___
Confirmation Sent Week 2	___

## Application 2017

Child's Name/Nick Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

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

Parent #1 Name: \_\_\_\_\_ Parent #2 Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent #1 Work or Mobile #: \_\_\_\_\_

Parent #2 Work or Mobile #: \_\_\_\_\_

Email address(es): \_\_\_\_\_

**Minimum age for enrollment:** Three years old by 9/30/17 or enrolled for the 2017/2018 school year at CPI (including incoming Beginners students)

**Maximum age for enrollment:** Entering Kindergarten in the 2017/2018 school year

*Early Bird Special!*  
Register by 4/15/17 and get \$15 off per student per week!

**Please mark which session(s) you are registering for:**

- May 30<sup>th</sup> - June 2<sup>nd</sup>      9:30 AM – 1:30 PM    \$156 for 4 days      *\*\*\$141 if you register by 4/15/17*
- June 5<sup>th</sup> - June 9<sup>th</sup>      9:30 AM – 1:30 PM    \$195 for 5 days      *\*\*\$180 if you register by 4/15/17*

**No refunds will be given for days missed (due to illness or vacations) during summer camp.**

Mid-morning snacks will be provided, however make sure that your child brings a **PEANUT FREE** bag lunch each day. More detailed information will be given after registration!

**Please mail this Application, Emergency Care Form, and Payment To:**  
Centreville Preschool, Inc.  
Summer Camp  
13916 Braddock Road  
Centreville VA 20120

**PERMISSION FOR EMERGENCY CARE – CPI SUMMER CAMP PROGRAM**

This form is to be completed and signed by **both** parents/guardians.  
Please return with your application.  
It will be readily accessible in the school in case of an emergency.

NAME OF STUDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CHILD’S BIRTH DATE: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

Parent #1: \_\_\_\_\_ Parent #2: \_\_\_\_\_

OTHER GUARDIAN: \_\_\_\_\_

Parent #1 MOBILE OR WORK #: \_\_\_\_\_

Parent #2 MOBILE OR WORK #: \_\_\_\_\_

OTHER PHONE #: \_\_\_\_\_

If either parent is military, please give rank, branch of service, and SSN

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** - *if we are unable to contact the parent(s):*

1) Name \_\_\_\_\_

2) Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

**BABYSITTER INFORMATION** (*if your child receives childcare*):

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

**PHYSICIAN INFORMATION**

Name of Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Allergy to Foods or Medications (specify) \_\_\_\_\_

Chronic Medical Conditions \_\_\_\_\_

*The school has my permission, in an emergency, when I or my child’s physician cannot be contacted, to take my child, at my expense, to the hospital emergency room when deemed appropriate by the rescue squad. The hospital and its medical staff have my authorization to provide the treatment which the physician deems necessary for the well-being of my child.*

Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_