



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 2018

Child's Name/Nickname: _____

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 9/30/18 or enrolled for the 2018/2019 school year at CPI (including incoming Beginners students)

Maximum age for enrollment: Entering Kindergarten in the 2018/2019 school year

Early Bird Special!
Register by 4/13/18 and get \$15 off per student per week!

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

- May 29th - June 1st 9:30 AM – 1:30 PM \$156 for 4 days ****\$141 if you register by 4/13/18**
- June 4th - June 8th 9:30 AM – 1:30 PM \$195 for 5 days ****\$180 if you register by 4/13/18**

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 _____