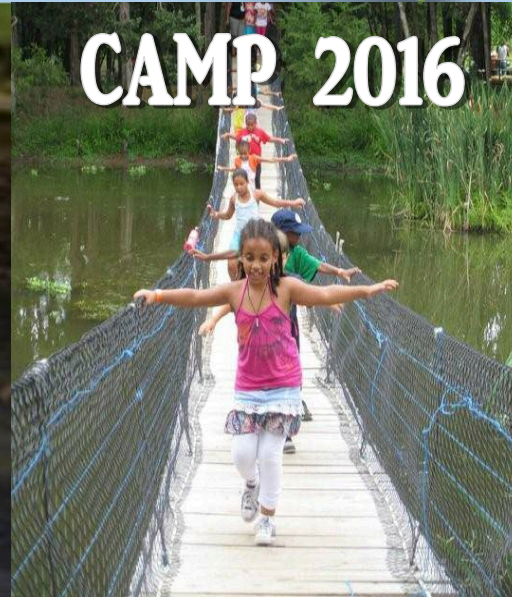


CCA CAMP..... A FUN WAY TO SPEND THE SUMMER



CAMP THEMES

- Oceans Down Under
- Fear Factor
- Star Force
- Mission Impossible
- Island Adventure
- Surf Safari
- Squish Splash
- Urban Adventures
- Rainforest Rumble
- Avalanche Ranch
- Superheroes



NO CHILD LEFT INSIDE

CORNERSTONE ACADEMY DAY CENTER

703-768-9355

CADCVA2.COM

CORNERSTONE KID CAMP Summer Camp Application

Complete the application and mail or bring to Cornerstone Academy Day Center, 2720 Arlington Drive Alexandria, VA, 22306 or Fax applications to 703 768-9355 or scan and EMAIL TO cadc2alexandria@gmail.com.

To begin Camp on Monday, June 20, child must be registered before 4:00 p.m. on Friday, June 17, 2016.

Registration is on a first come, first serve basis; spaces are limited & a nonrefundable registration is required

Age 5 and up & must have completed **public Kindergarten to be considered in 5+ groups for field trips**

1. Child's name: _____ Age _____ Grade (Completed Jun '10) _____ T-shirt size Child S M L Adult S M L

2. Family Address: _____
(number and street) (city) (state) (zip)

e-mail Address _____ Cell Phone _____

3. Does your child have special needs? Yes _____ No _____ if yes please call (703) 768-9355 to discuss the application process for children with special needs so we may determine how we might best meet your child's needs.

4. My child attended the 2015-16 School Year program at _____ Elementary School.

5. My child has the following allergies _____

6. My child is registered to attend Summer School at _____ Elementary School.

7. Parent/Guardian: _____ e-mail: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian: _____ e-mail: _____ Home Phone: _____ Work Phone: _____

8. Enclosed is a check/money order payable to **Cornerstone Academy** in the amount of \$ _____ for a deposit

and application fee for my child(ren) to attend Cornerstone Kid Camp. I understand that this **fee is non-refundable**. I understand that a **minimum of seven weeks enrollment** is required; that all **schedule changes** must be made **in advance, in writing** to the Cornerstone office and that I am responsible for the full weeks' tuition if I do not submit written schedule changes in advance. If less than the required four weeks of Summer Camp is left at registration, I will register my child for **all remaining weeks** of camp. I understand that this application is not complete without my signature and will be returned to me if I have not completed all spaces and signed below.

9. Parent/Guardian Signature _____ Date _____

CADC ONLY Weekly Camp Fee Age 4 yr olds (\$220.00) Regis Fee \$90.00 Weekly Camp Fee age 5+ (\$180.00) Regis Fee \$175.00

www.cadcva2.com

Office Use Only

Received ☺ Shot Record _____, Physical _____, Birth Record _____, Regis Fee _____, Permissions _____, Booster Seat (if needed) _____

Please check weeks requested for attendance

Seven full weeks minimum, the Seven weeks do not have to be consecutive.

6/20- 6/24

6/27- 7/1

7/4- 7/8

7/11- 7/15

7/18- 7/22

7/25- 7/29

8/1-8/5

8/8- 8/12

8/15- 8/19

8/22- 8/26

8/29-9/2

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