

ChiCeLaCu!

SPANISH IMMERSION SUMMER CAMP

Vienna, VA

Registration Form

(June 27-Sept 2, 2011)

Programs operate on the legal law exemptions 63.2-1715 of the Code of Virginia.-



Name:

Last _____ First _____ MI _____

Home Address _____

City _____ State _____ Zip _____

Parents(s) Name: _____

Telephone: Work (____) _____ Home(____) _____

Cell(____) _____ Other(____) _____

E-Mail _____

Emergency Contact: Name _____

Relation to student _____

Emergency Phone(____) _____

or (____) _____

AGE & BACKGROUND

Student Gender: Male _____ Female _____

Birth Date: Month _____ Day _____ Year _____

School attending fall '11 _____

Grade level fall' 11 _____

Heritage (optional)

Circle one: American Indian _____, African American _____, Asian _____

White _____, Hispanic _____ Other _____

Language (s) spoken by Child & parents _____

MEDICAL

SECTION MUST BE COMPLETED FOR PROCESSING.

IF NOT APPLICABLE, WRITE N/A DO NOT LEAVE BLANK

Please list any illness or health problems _____

Are there any special precautions which should be taken during camp to health matters or above listed illness? If so,

What? _____

Allergies (food or otherwise) _____

How severe are the allergies? Circle one

MILD

MODERATE

SEVERE

LIFE THREATENING

PRECAUTIONS _____

Doctor's Name _____

Phone Number _____ Insurance _____

Medications _____

My child is able to participate in all physical activities of camp yes _____ No _____

Is there any other information concerning your child's health of which we should be aware? If so, please detail completely.

Please provide a recent picture of your child with application. Optional, it' but recommended. List any identifying marks that your child has _____

REGISTRATION

- **Refunds:** Course payment is due and payable upon registration. All payments are NON_REFUNDABLE except in cases of cancellations of summer program due to low enrolment.
- **Questions:** Please contact us at 703-470-2600 or e-mail info@childrencenterlanguage.com

I give my consent and approval for my child's participation in Children's Center for Language & Culture, Inc. I hereby release and hold harmless Children's Center for Language & Culture, Inc., its agents and employees, from all claims, damages, or other liabilities for injuries to the student which are not the result of gross negligence by Children's Center for Language & Culture, Inc., its agents or employees. I understand that accident insurance is not provided. Children's Center for Language & Culture, Inc. has my permission, in an emergency, to provide emergency medical attention and, if necessary, to take my child to the emergency room of the nearest hospital at my expense, and the hospital and its staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child. This is an authorization for emergency medical care if the emergency occur when the parent cannot be located immediately unless the parent states in writing an objection to the provision of such care on religious or other grounds. Children's Center for Language & Culture, Inc., will notify the parent when the child becomes ill and the parent will arrange to have the child picked up as soon as possible if so requested by the center. The parent will inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately. This is a written agreement between the parent and Children's Center for Language & Culture, Inc., and shall be in each child's record by the first day of the child attendance. This written agreement between the parent and Children's Center for Language & Culture, Inc., is required by 22 VAC 15-30-110 in the set of standards for centers serving children under the age of 13 who are separated from their parents or guardians during a part of the day.

Signature of Parent or Legal Guardian _____

Date ____/____/____

TUITION

REGISTRATION AND TUITION

DATE	SPANISH IMMERSION CAMP Morning (10:30 a.m.-1:00 p.m.)	SPANISH IMMERSION CAMP Afternoon (2:30 p.m.-5:00 p.m.)	SPANISH IMMERSION CAMP Full Day (10:30 a.m.-3:00 p.m.)	
June 27 – 1 July				
July 5 – 8*				
July 11-15				
July 18-22				
July 25-29				
August 1-5				
August 8-12				
August 15-19				
August 22-26				
August 29 – 2 Sept.				
All weeks				

All deposits non- refundable. **Half day:** \$240.00 per week (Morning or Afternoon Camps);(10:30 a.m. 1:00 p.m.); (2:30p.m.- 5:00 p.m.); **Full Day :** \$350.00 per week (10:30 a.m. – 3:00 p.m.)

All payments are NON_REFUNDABLE except in cases of cancellations of summer program due to low enrolment.

IN ORDEN TO PROCESS APPLICATION, FORM MUST BE SIGNED & DATED WITH HEALTH FORM AND A MINIMUM DEPOSIT NON-REFUNDABLE OF \$150.00 ENCLOSED.

Note: confirmation email will be sent once application, health form & deposit is received.

FULL PAYMENT DUE BY MAY 31th 2011.

FULL PAYMENT MUST BE RECEIVED IN ORDER TO PARTICIPATE EN THE SUMMER CAMP.

Amount enclosed: _____

Mail payment (receipt) or check & registration to:

Children's Center for Language & Culture, Inc.
1727 Pebble Beach Dr.
Vienna, VA, 22182

Location: 2102 D Gallows Rd. Vienna, VA 22182

QUESTIONS?

PLEASE CALL **1-703-992-8722** OR E MAIL US AT info@childrencenterlanguage.com

