

Chesapeake Christian Learning Center Summer Camp 2018

206 Weston woods DR Pasadena MD, 21122
410-317-5340 C2LC.com

Child's Full Name: _____ **Nickname:** _____

Street: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Home Telephone: _____ **Date of Birth:** _____ **Male / Female**

Parent/Guardian #1 Name: _____ Work phone: _____ Cellphone: _____ Email: _____	Parent/Guardian #2 Name: _____ Work phone: _____ Cellphone: _____ Email: _____
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Emergency Contact Person (if parent cannot be reached; must be local) Name: _____ Relationship to Child: _____ Home phone: _____ Cellphone: _____ _____	
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Week	Session	Theme	Select	Week	Session	Theme	Select
1	June 18-22	Aloha Summer		7	July 30-August 3	Under the sea	
2	June 25-29	Mini Olympics		8	August 6-10	Mad science	
3	July 2-6	Party in USA		9	August 13-17	Food, Food, Food	
4	July 9-13	All about balloons		10	August 20-24	Lego week	
5	July 16-20	Carnival / Circus		11	August 27 – 31	Pirate week	
6	July 23-27	Christmas in July					

	Schedule	Camp Fees	Select
Before Care	M-F 6:30am – 9:15am	\$10/day	
After Care	M-F 12:30pm-6:00pm	\$15/day	

Summer Camp	M-F 9:15am-12:30pm	\$145/week +\$50 activity fee (one time fee)	
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All new students

1. Must fill out a separate health inventory form (MD State Dept. of Education required). Please see Director to obtain the form.

Registration Fee: A \$50.00 activity fee must be included with your application form. The activity fee is non-refundable.

MEDICAL INFORMATION Any general health or allergy concerns: YES _____ NO _____

Details: _____

SIGNATURES: I hereby:

1. Agree to abide by the policies and safety precaution procedures of the camp.

_____ _____
Parent #1 Signature Date

2. Grant permission for my child to be photographed during summer camp activities and for the pictures to be used on our website and Facebook.

_____ _____
Parent Signature Date

