



Children's Center for Language & Culture, Inc.

Registration Form

PLAYGROUND FUN SUMMER CAMPS 2020

Falls Church/Tysons, VA

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

STUDENT INFORMATION

Last _____ First _____ MI. _____
Age _____ DOB _____ Gender _____
Address _____ City _____ Zip Code _____
Parent 1 name: _____ Email: _____
Cell phone: _____ Work phone: _____
Parent 2 name: _____ Email: _____
Cell phone: _____ Work phone: _____
Emergency contact #1 Name: _____ Relation: _____
Phone: _____ Address: _____
Emergency contact #2 Name: _____ Relation: _____
Phone: _____ Address: _____
Previous child daycare or school attended (If any) _____
Name of any additional programs attended (If any) _____
School attending (2020-2021) _____ Grade _____
People authorized to pick up student: _____

MEDICAL (If not applicable, write N/A)

Illness or health problems _____
Allergies _____
How severe? MILD MODERATE SEVERE LIFE THREATENING
PRECAUTIONS _____
Medications _____
Anything else we need to know _____
Insurance name & Policy number _____ Phone Number: _____
Child's physician: _____ Phone Number: _____
My child is able to participate in all physical activities: yes _____ No _____

PERMISSION TO TAKE VIDEOS AND PICTURES

I give permission for my child _____ to have his/her video or picture taken while participating in ChiCeLaCu! activities. I am aware that these videos/pictures may be displayed on the website, in newsletters, flyers, social media and/or any other publications regarding ChiCeLaCu! activities.

Parent's name _____ Parent's signature _____

FINANCIAL INFORMATION – Refund & late fee policy

- **Refunds: Course payment is due and payable upon registration. All payments are NON_REFUNDABLE except in cases of CANCELLATION OF SUMMER CAMP WEEKS DUE TO LOW ENROLLMENT**
- Any class with an enrolment of fewer than 6 students on the opening day of each session is subject to cancellation. The decision to cancel a class is made by the Program Director of ChiCeLaCu!

Parent's signature _____ Date: _____

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 Language 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 occurs 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 Children's Center for Language & Culture, Inc. 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 ____/____/____

SCHEDULE & EDUCATIONAL OPTIONS

| Sessions | Location | | Full-Time 10 to 2:30 | Part-Time 10 to 12:30 |
|------------------|--------------|---|-------------------------|--------------------------|
| June 22 – 26 | Falls Church | <input type="checkbox"/> Ages 3 to 5 <input type="checkbox"/> Ages 6 to 12 | | |
| June 29 – July 3 | Falls Church | <input type="checkbox"/> Ages 3 to 5 <input type="checkbox"/> Ages 6 to 12 | | |
| July 6 – 10 | Falls Church | <input type="checkbox"/> Ages 3 to 5 <input type="checkbox"/> Ages 6 to 12 | | |
| June 13 – 17 | Falls Church | <input type="checkbox"/> Ages 3 to 5 <input type="checkbox"/> Ages 6 to 12 | | |
| July 20 – 24 | Falls Church | <input type="checkbox"/> Ages 3 to 5 <input type="checkbox"/> Ages 6 to 12 | | |
| July 27 – 31 | Falls Church | <input type="checkbox"/> Ages 3 to 5 <input type="checkbox"/> Ages 6 to 12 | | |
| Aug 3 – 7 | Falls Church | <input type="checkbox"/> Ages 3 to 5 <input type="checkbox"/> Ages 6 to 12 | | |
| Aug 10 – 14 | Falls Church | <input type="checkbox"/> Ages 3 to 5 <input type="checkbox"/> Ages 6 to 12 | | |

IN ORDER TO PROCESS APPLICATION for Spanish immersion Summer Camps, we must receive signed registration form, immunization record, proof of child's identity and **full payment**.

Amount on check **enclosed**: _____ Check number: _____

Name of Student(s) _____

Please mail payment & registration forms to: ChiCeLaCu! 10201 Main St, Ste 230, Fairfax, VA, 22030