



CCS Summer Fun and Summer School

Registration Form 2009

(Serving children in 1st – 8th grades)



General Information:

Student's Name	Sex	Date of Birth	Age
Address	City	State	Zip Code
Parent/Guardian	Home Phone		
Employer: Company Name	Address	City	
Mother's Cell Phone	Mother's Work Phone		
Father's Cell Phone	Father's Work Phone		



In Case of Emergency Contact:

Name	Phone	Relationship to Child
Name	Phone	Relationship to Child



Please check appropriate session:

Summer Programs: Summer School Summer Fun Summer School and Summer Fun
Summer Care: Morning Afternoon Both



FOR OFFICE USE ONLY:

Summer Fun Sessions:

Registration Fee (\$55): _____	Amnt Paid/ Date Rec'd	Amnt Paid/ Date Rec'd
Date Received: _____	<input type="checkbox"/> Jun. 29-Jul. 3	<input type="checkbox"/> Jul. 20-24
Summer School: _____	<input type="checkbox"/> Jul. 6-10	<input type="checkbox"/> Jul. 27-31
Fee Paid: _____ Date: _____	<input type="checkbox"/> Jul. 13-17	<input type="checkbox"/> Aug. 3-7
Fee Paid: _____ Date: _____		<input type="checkbox"/> Aug. 10-14