

**REGISTRATION FORM
ACCOTINK ACADEMY PRESCHOOL
SUNSHINE SUMMER PROGRAM - 2017**

SMALL PHOTO ID

Affix a small
snapshot of
your child
in this space

I hereby register my child for the Summer Program as follows:

Register for specific dates by circling each day your child will attend (June 5 – 30):

	<u>M</u>	<u>T</u>	<u>W</u>	<u>TH</u>	<u>F</u>
Week 1: Adventures in Science	5	6	7	8	9
Week 2: Adventures in Books	12	13	14	15	16
Week 3: Adventures in Nature	19	20	21	22	23
Week 4: Adventures in Games	26	27	28	29	30

Child's name: _____ Nickname _____

(Last) (First) (M.I.)

Date of birth: ___/___/___ Sex: (circle one) M F Age: _____

(yrs.) (mos.)

Address: _____

(street) (city) (state) (zipcode)

Phone numbers: Home (____)____-____ Mom's cell phone (____)____-____
Dad's cell phone (____)____-____

Mother's name _____ Place employed _____
Business address _____ Business phone _____
Home address _____ Home phone _____

Father's Name _____ Place employed _____
Business address _____ Business phone _____
Home address _____ Home phone _____

Name of person(s) having legal custody of child
(if not parent , attach a copy of custody documentation)

Name _____ Place employed _____
Business address _____ Business phone _____
Home address _____ Home phone _____
Cell phone _____

Last Preschool/School/Day care program attended _____
Grade _____

List any chronic physical problems or special accommodations needed _____

List any restricted activities here _____

Provide any pertinent developmental information _____

(OVER)

PARENT MUST COMPLETE BOTH SIDES OF THIS FORM & SIGN AGREEMENT

EMERGENCY INFORMATION

Allergies or intolerance to food, medication _____

Action to take in emergency situation _____

Child's physician _____ Physician's phone _____

Physician's address _____

(2) people to contact if parents cannot be reached:

1. Name _____ Address _____

Home Phone _____ Cell phone _____

2. Name _____ Address _____

Home Phone _____ Cell phone _____

Persons who may call for child _____

Persons who are not authorized to visit or call for child _____

Day care provider's name(if applicable) _____

Home phone _____ Cell phone _____

PARENT/GUARDIAN:

*Agrees to call for child as soon as possible whenever the child becomes ill during the day.

*Understands that all fees are payable by May 24, 2017, according to the fee schedule.

*Understands that a late fee will be charged when child is called for after 2:00pm (Late fee: \$10.00 for first 15 minute interval; \$15.00 for each additional 15 minute interval or fraction thereof)

*Must submit current report of physical examination (including TB screening results and immunization records for a child who has not attended Accotink Academy this school year) and proof of age (birth certificate) before May 24, 2017.

*Authorizes Accotink Academy Summer Program to obtain immediate medical care if any emergency occurs when parent/guardian cannot be contacted immediately.

*Parent/guardian agrees to inform the center within 24 hours or the next business day after his/her child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately.

*Camp tuition fee is \$40.00 per day.

*Tuition payment is non-refundable.

*I understand that, in order for my child to attend camp, full tuition payment is due by May 24, 2017.

Signature of Parent/Guardian _____ Date _____

Signature of Director _____ Date _____

First Day of Camp _____ Last Day of Camp _____

A NON-REFUNDABLE FEE OF \$50.00 MUST ACCOMPANY THIS REGISTRATION FORM. **REMEMBER TO PROVIDE ALL INFORMATION REQUESTED.**

Please mail application and fee to: Accotink Academy Preschool, 6215 Rolling Road, Springfield, Virginia 22152-1637

Questions may be addressed to Fran McBride at 703-451-5797.

ACCOTINK ACADEMY PRESCHOOL GOALS FOR THE SUNSHINE SUMMER PROGRAM

- Developmentally appropriate activities
- Movement and fitness activities
- Water play and “splish-splash fun”

- Block-building, housekeeping, library, and dress-up centers
- Nature walks
- Snacks
- Theme weeks

PROGRAM: These activities promote social and cognitive development, problem solving, self-confidence and independence. Each week highlights a specific theme of learning...

- | | | |
|--------|----------------|---|
| Week 1 | (June 5 – 9) | <u>Adventures in Science</u> – Children will learn about the “magic” of experimentation. |
| Week 2 | (June 12 – 16) | <u>Adventures in Books</u> – Children will experience excitement as they bring books to life. |
| Week 3 | (June 19 – 23) | <u>Adventures in Nature</u> – Enter the “lab” and learn about the wonders of our world. |
| Week 4 | (June 26 – 30) | <u>Adventures in Games</u> – Children will learn the basics of selected sports and games, while focusing on skills and fun. |

STAFF: The staff members are experienced Accotink Academy teachers who love children and believe that children learn through developmentally appropriate experiences.

FACILITY: The summer program is held at Accotink Academy Preschool, located at 6215 Rolling Road in Springfield. The building offers classroom space as well as playground and outside grassy areas for picnics and water play.

WHEN: June 5 – June 30, 2017

TIME: 10:00 a.m. – 2:00 p.m., Monday through Friday

FEES: \$50.00 (non-refundable) registration fee
\$40.00 for each day your child attends camp (Full tuition payment is due by May 24, 2017)

AGES: 3 to 6 years (Child must be three by April 1, 2017 and “potty trained”... no “pull-ups” are allowed. Child’s seventh birthday must be after December 1, 2017).

REGISTRATION: Ongoing from January 25 – May 24, 2017 Forms may be obtained from Accotink Academy’s office from 9:00 a.m. – 2:00 p.m. daily. Please note:
REGISTER EARLY TO GUARANTEE SPACE ON ALL OF THE DAYS WHICH YOU REQUEST.

THIS IS REQUIRED OF YOU AT THE TIME OF REGISTRATION...

FOR STUDENTS NEW TO ACCOTINK ACADEMY PRESCHOOL'S SUNSHINE SUMMER PROGRAM and FOR RETURNING CAMPERS (NON-ACCOTINK STUDENTS)

- 1) Completed registration form (both sides) and a non-refundable registration fee of \$50.00
- 2) Verification of birth date (birth certificate)
- 3) Current Virginia physical examination with current TB screening and immunization record on a Virginia state health form dated after June 30, 2016. You may get a Virginia State health form from the school office if you need. It must be completed by your child’s physician and returned to Accotink Academy by May 24, 2017.

FOR ACCOTINK ACADEMY STUDENTS...

1) Completed registration form (both sides) and a non-refundable registration fee of \$50.00.

Registration is ongoing through May 24, 2017. Students are admitted only on a "space available" basis as classes fill. Please understand that we may not be able to honor your request if you delay registration.

Questions should be addressed to Fran McBride, Summer Camp Director, (703) 451-5797.

*Registration form and non-refundable registration fee of \$50.00 required at time of enrollment.

PLAN FOR YOUR CHILD TO ATTEND THIS EXCITING, FUN PROGRAM!

You provide transportation, lunch (in a bag or lunch box which is labeled with child's full name and day's date), while we provide snacks and four hours of fun each day.

Health forms (for physical examination, immunization record update & current TB screening, i.e., within the past year) are available in the school office.

All tuition (Daily attendance fees) are due by May 24, 2017.

QUESTIONS MAY BE ADDRESSED TO FRAN McBRIDE AT (703) 451-5797.