

**CENTREVILLE PRESCHOOL SUMMER CAMP 2006  
APPLICATION FOR ADMISSION**

Child's Name/Nick Name: \_\_\_\_\_ Gender: **M** **F**

Birth date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number & Street Name) (City/State) (Zip)

Subdivision: \_\_\_\_\_

Mother's Name/Additional Phone#: \_\_\_\_\_

Father's Name/Additional Phone #: \_\_\_\_\_

**Minimum age for enrollment:** If enrolled for the 2007/2008 school year at CPI.

**Maximum age for enrollment:** If Entering 1<sup>st</sup> grade in the 2007/2008 school year.

**Please Mark The Session(s) You Are Registering For:**

- |   |          |
|---|----------|
| ( ) June 4 <sup>th</sup> - June 8 <sup>th</sup>   | \$155.00 |
| ( ) June 11 <sup>th</sup> - June 15 <sup>th</sup> | \$155.00 |

\* No refunds will be given for days missed during summer camp due to illness or vacations.

\*\*Mid-morning snacks will be provided, however make sure your child brings a bag lunch each day. More detailed information will come home after registration.

**Mail Application, Emergency Care Form and Payment To:**

Centreville Preschool, Inc.  
13916 Braddock Road, Centreville, VA 20120  
**703-830-5656**

# PERMISSION FOR EMERGENCY CARE - SUMMER CAMP PROGRAM

This form is to be completed and signed by both parents and returned with the application. It will be readily accessible in the school and taken with the teacher in case of an emergency.

NAME OF STUDENT(NICK NAME) \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ CHILD'S BIRTH DATE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_

FATHER'S WORK # \_\_\_\_\_ MOTHER'S WORK # \_\_\_\_\_

OTHER PHONE # \_\_\_\_\_ OTHER PHONE # \_\_\_\_\_

If either parent is military, please give rank, branch of service, and SSN: \_\_\_\_\_

## **EMERGENCY CONTACT INFORMATION** (If we are unable to contact the parent(s))

1. NAME \_\_\_\_\_ 2. NAME \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone #'s \_\_\_\_\_ Phone #'s \_\_\_\_\_

## **BABYSITTER INFORMATION** (If your child receives childcare)

NAME \_\_\_\_\_ Phone#=#s \_\_\_\_\_

Address \_\_\_\_\_

## **THE SCHOOL HAS MY PERMISSION TO CALL MY CHILD=S PHYSICIAN IN AN EMERGENCY WHEN I CANNOT BE CONTACTED.**

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Allergy to Medications(specify) \_\_\_\_\_

Allergy to Foods(specify) \_\_\_\_\_

Chronic Medical Conditions \_\_\_\_\_

**The school has my permission, in an emergency when I, or my child=s physician cannot be contacted, to take my child, at my expense, to the hospital emergency room deemed appropriate by the rescue squad. The hospital and its medical staff have my authorization to provide the treatment which the physician deems necessary for the well-being of my child.**

Date \_\_\_\_\_ Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent \_\_\_\_\_