



Summer Fun 2018 Application Form



Child's Full Name _____

Parent/Guardians' Names _____

Address _____

Home Phone _____ Work _____ Cell _____

Contact Email _____ Child's age as of 6/18/18 _____ DOB _____

My child is a: CURRENT/SIBLING OF CPP STUDENT ___ NEW (2018-19) CPP STUDENT ___
RETURNING CAMPER ___ SIBLING OF CAMPER ___ NEW TO PROGRAM ___

Indicate choice with X Upstairs Camper _____ (campers aged 3 1/2 to young 5)
Downstairs Camper _____ (campers must be 2 1/2 to 3 1/2)

PLEASE SELECT WEEKS BELOW:

June Session

A _____ Playtime & Puppets, June 18-22

B _____ Ooey Gooyey, June 25-29

July Weeks

C _____ Music & Motion, July 2-6*

*Pro-rated fee: \$240, no camp July 4th

D _____ Summer Chefs, July 9-13

E _____ Water Everywhere, July 16- 20

F _____ Amazing Animals, July 23-27

CALCULATE CAMP FEES:

\$300 per week x number of weeks = _____

Total Camp Fees Due = _____

50% Deposit due with registration = _____

Total enclosed = _____

Balance Due on or before May 18th = _____

OFFICE USE ONLY	
CONFIRM	or WAITLIST
PROGRAM DIRECTOR'S SIGNATURE	
DATE RECEIVED	
PAYMENT RECEIVED	

CANCELLATION POLICY

The information I have provided is accurate to the best of my knowledge. I have enclosed at least 50% of the total camp tuition fees due with this registration form. I fully understand that **25% of my total camp fees is NON-REFUNDABLE except in the event of cancellation by the camp or if space is not available for my child in the weeks requested.** I understand that the balance of my camp fees must be received on or before May 18, 2018, and after that date the camp reserves the right to fill my child's spot from a waiting list. I also understand that no refunds will be made of any camp fees for cancellations for any reason on or after May 31, 2018. *I understand that there are NO make-up days or refunds due to illness, unexpected vacation, weather emergencies, or any other reason.*

I have read and agree to the Cancellation Policy outlined above:

Signature of Parent/Guardian _____

Date _____

Please make check payable to The Community Preschool of the Palisades and mail to: Summer Fun c/o The Community Preschool of the Palisades, 5200 Cathedral Avenue NW, Washington DC 20016. Payment must accompany this application to reserve a space for your child.

Please keep a copy of this form for your records