

Your Child's Last Name: _____



Application for
CCS CAMPUS

Session 1 - June 19 to July 7, 2017 – Monday to Friday (3 weeks)

\$1,120

FAMILY INFORMATION

FULL NAME PARENT #1	WORK PHONE	CELL/PAGER
FULL NAME PARENT #2	WORK PHONE	CELL/PAGER
HOME ADDRESS	HOME PHONE	
CITY	ZIP	EMAIL (Required)
EMERGENCY CONTACT	RELATIONSHIP	PHONE/CELL
FAMILY DOCTOR		PHONE

FIRST CHILD (STUDENT #1)

LAST NAME	FIRST	SEX	BIRTHDATE
CURRENT SCHOOL		GRADE IN FALL	

SECOND CHILD (STUDENT #2)

LAST NAME	FIRST	SEX	BIRTHDATE
CURRENT SCHOOL		GRADE IN FALL	

THIRD CHILD (STUDENT #3)

LAST NAME	FIRST	SEX	BIRTHDATE
CURRENT SCHOOL		GRADE IN FALL	

SELECT YOUR WORKSHOP SCHEDULES

Session 1: M/W/F	Student #1: Workshop Choices		Student #2: Workshop Choices		Student #3: Workshop Choices	
9:00 – 10:00	1 st		1 st		1 st	
	2 nd		2 nd		2 nd	
	3 rd		3 rd		3 rd	
10:30 – 11:30	1 st		1 st		1 st	
	2 nd		2 nd		2 nd	
	3 rd		3 rd		3 rd	
12:30 – 1:30	1 st		1 st		1 st	
	2 nd		2 nd		2 nd	
	3 rd		3 rd		3 rd	

Session 1: T/TH	Student #1: Workshop Choices		Student #2: Workshop Choices		Student #3: Workshop Choices	
9:00 – 10:00	1 st		1 st		1 st	
	2 nd		2 nd		2 nd	
	3 rd		3 rd		3 rd	
10:30 – 11:30	1 st		1 st		1 st	
	2 nd		2 nd		2 nd	
	3 rd		3 rd		3 rd	
12:30 – 1:30	1 st		1 st		1 st	
	2 nd		2 nd		2 nd	
	3 rd		3 rd		3 rd	

Remember, your first workshop choice may not be available. If so, we will automatically enter your child into their second or third choice. Additional workshops may close between the time you submit your application and the time we receive it.

TUITION CALCULATION

STUDENT #1 - \$1,120	\$
STUDENT #2 - \$1,120	\$
5% DISCOUNT ON 2 nd CHILD ONLY OF \$56	-\$
STUDENT #3 - \$1,120	\$
EXTENDED CARE, \$780 PER CHILD ATTENDING (3:00 PM – 6:00 PM) NO CHILDCARE DURING OPEN HOUSE	\$
ARTS INSTITUTE T-SHIRT S ___ M ___ L ___ (Each camper receives 1 free t-shirt)	
TOTAL TUITION , CHECK ENCLOSED FOR: PLEASE MAKE CHECK OUT TO THE CHILDREN'S ARTS INSTITUTE	\$

*** If using credit card, add 3% of total of above first 6 lines.**

PLEASE CHARGE MY VISA OR MASTERCARD

I authorize The Children's Arts Institute to charge my credit card for camp tuition and other camp fees.

TOTAL TUITION AND FEES \$ _____

VISA ___ MASTERCARD ___ CARDHOLDER NAME _____

ACCOUNT # _____ EXP. DATE: _____

BILLING ADDRESS _____

CARDHOLDER SIGNATURE: _____

I understand that the use of a credit card will result in 3% being added to the fees.

TERMS AND CONDITIONS

- 1. ENROLLMENT OPTIONS:** We offer you the convenience of 3 (Monday, Wednesday & Friday) or 5 day per week enrollment options. Children will be enrolled in workshops on a first-come, first-served basis. Enrollment above or below the recommended grade level will be considered in special cases.
- 2. MEDICAL INFORMATION:** Your child's health and safety is important to us. The medical form below must be on file with us prior to your child's first day at camp. Please advise us in advance of any special medical needs your child may have.
- 3. ABSENCES:** There are no makeup days for absences or for days missed and parents are financially responsible for all days that their child has registered to attend. There will be no prorating of tuition or make up days for absences due to sickness or travel, or any other reason.
- 4. TUITION:** Full tuition must accompany each application in order for your child to be registered for workshops. A 5% discount is offered for a second sibling enrolled in the same session from the same immediate family. Please make all checks payable to the Children's Arts Institute. MasterCard and Visa credit cards are accepted; however a 3% finance charge will be added to the fees. There is a \$10 fee on all returned checks.
- 5. WORKSHOP CHANGES:** Workshop changes will be made on a space available basis at the director's discretion. Changes will be considered during the first week of camp only, no exceptions. A \$10 fee per workshop is due at the time the change is made.
- 6. WORKSHOP CANCELLATIONS:** We reserve the right to cancel workshops for which there are not enough children enrolled. Every effort will be made to place your child in their second or third choice or into a similar workshop offered.
- 7. WITHDRAWALS AND REFUNDS:** Should you withdraw from the summer program prior to June 1, 2017 you will receive a full refund minus a \$100 cancellation fee per child per session enrolled. After June 1, 2017, there will be no refunds. If a child is dismissed from our summer program for disciplinary measures, there will be no refund for any unused days. There are no exceptions to this policy.

REGISTRATION CANNOT TAKE PLACE WITHOUT A COMPLETED APPLICATION, SIGNATURE, DATE, MEDICAL FORM, AND FULL TUITION

I have read, understand and agree to the Children's Arts Institute terms and conditions. I further agree to:

- 1 Pay for any additional fees if extended care is used on an occasional basis.
- 2 Allow my child's image to be used in any and all promotional photographs, videos or websites and brochures
- 3 Not hold the Children's Arts Institute responsible for any articles of clothing or personal belongings that are lost or damaged by theft, fire, natural disaster or other occurrence.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

YOUR WORKSHOP CONFIRMATION WILL BE SENT TO YOU BY EMAIL.

**MAIL REGISTRATION FORM TO 14702 SYLVAN STREET, VAN NUYS, CA 91411
OR, IF PAYING BY CREDIT CARD, YOU MAY FAX REGISTRATION FORM TO 818-780-5834
OR SCAN AND EMAIL TO GEORGE@CCSTEACHES.ORG**

The Children's Arts Institute is part of the non-profit Foundation for Excellence in Education

HOW DID YOU HEAR ABOUT US?

FRIEND _____ SCHOOL FLYER _____ INTERNET _____ OTHER _____

**MEDICAL INFORMATION FORM
CCS CAMPUS – SESSION ONE – M-F**

MEDICAL BACKGROUND	CHILD #1	CHILD #2	CHILD #3
Your child's first name and last name			
CURRENT HEALTH CONDITIONS			
Epilepsy/Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Defect / Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bleeding / Clotting Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
IMMUNIZATIONS			
Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
German Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ALLERGIES			
Insect Stings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Penicillin	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please comment on "Yes" answers to Current Health Conditions or Allergies			
Medications to be administered at camp			

EMERGENCY AUTHORIZATION

I, the undersigned parent / guardian of said minor, do hereby certify that my child(ren) is (are) physically and mentally able to participate in camp activities. In the event of illness or accident I hereby grant full authority to the Children's Arts Institute to take whatever actions it may consider to be warranted under the circumstances regarding the health and safety of my child(ren). Such authority shall include the power to consent to any X-ray examination, anesthesia, medical or surgical diagnosis or treatment, and hospital care under the supervision of a licensed medical practitioner, or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a licensed dental practitioner. Any such diagnostic treatment or care shall be rendered at my expense. In the event of injury or illness I understand that due effort to contact me to assist in any decision will be made by the Children's Arts Institute, but that said Institute will be compelled to use its best judgment should it not be possible to contact me. I hereby indemnify the Children's Arts Institute and any director, teacher or counselor from any liability because of the exercise of such consent.

Signature of Parent or Guardian

Please Print Parent's or Guardians Full Name

Date

Children's Arts Institute

Emergency Contact and Pick-Up Authorization Form

Child's
Name _____

Parent's
Name _____

Please circle which session(s) your child will be attending.

Session 1

Session 2

Session 3

EMERGENCY CONTACT	RELATIONSHIP	PHONE/CELL
FAMILY DOCTOR		PHONE
AUTHORIZED PERSON(S) TO PICK UP MY CHILD(REN)		