# CCS SUMMER PROGRAM 2024



Date	Paid:	

Students Name:	Date of I	Birth:
Phone: Email:		
<u>( )                                   </u>		
Medication/Allergies (please list all, not ju	ust food) :	
Mothers Information/ Legal Guardian:		
Mother's Name:		Mother's Phone/Cell #:
Mother's Work/number:		
Fathers Information/ Legal Guardian:		
Fathers Name:		Fathers Phone/Cell #:
Father's Work/number:		<del></del>
People authorized to pick up student/	Emergency con	ntact
Name:	Relationship:	Phone#:( )
Name:	Relationship:	Phone#:( )
Any pick up restrictions we needs to kno please provide documents to prove so)	ow about? (if you	list someone who by law cannot see your chil

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#### \$100 Registration Fee

### Daily \$60 at the beginning of the day

#### Hourly \$10 an hr total due upon pick up

Summer program runs from 7:00AM to 5:30PM. A late charge of \$5/per minute will be charged for any students not picked up by 5:30PM.

**Payments:** Cash and checks are acceptable styles of payment. Payments are given to summer care employees. Daily payment is due upon drop off. If you do not have it when you drop your child off, you will be charged the hourly rate.

If there is an emergency or you are running late, please let Beth Flores (Summer Care Director) know **BEFORE** 5:30PM.

\*\*\*State law requires us to notify police and CPS when children are left at the program without notification from the family, after closing.\*\*\*

Thank you for entrusting us with your children this summer. We look forward to having fun, with them!

-Beth Flores bflores@ccstricities.org

I have read, understood, and agree to all the above.

Parent /Legal Guardian Signature	Date	