

# AUGUST INSTITUTE (July 30<sup>th</sup> - August 10<sup>th</sup>)

August Institute Creative Classes  
(For children in CLK, please write on the schedule form CLK)

Sessions August Institute

**Period 1:**

- Good Morning CASA
- Water Mania
- Art of All Nations
- Creative Handbuilding
- Computer Clubhouse

**Period 2:**

- Food Around the World
- Soccer
- Painting
- Pottery Studio
- CASA Design

**Period 3:**

- Baking
- Sports Time
- Jewelry Making
- Clever Clay Creations
- Computer Clubhouse

**Period 4:**

- Little Bites
- Basketball
- 3-D
- Made by You
- Chess for fun

1st Period	1	_____
	2	_____
	3	_____
2nd Period	1	_____
	2	_____
	3	_____
3rd Period	1	_____
	2	_____
	3	_____
4th Period	1	_____
	2	_____
	3	_____

## CAMPER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex:  Male  Female Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

School Currently attending: \_\_\_\_\_ School attending in the fall 2007: \_\_\_\_\_ Grade in the fall 2007: \_\_\_\_\_

Name of Person RESPONSIBLE for Aftercamp pick-up: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**PARENT I**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PARENT I**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

We will send the CASA Newsletter and the confirmation by e-mail, therefore your e-mail address is important!

How did you hear of CASA? \_\_\_\_\_ If you are new to CASA, where did you go last year? \_\_\_\_\_

**CAMPER HEALTH INFORMATION:** *(To be filled out by Parent/Guardian of Camper. This must be completed and signed to process application)*

Additional Person to Contact in Emergency:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Camper Health Plan: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_

(Please give the CASA office a photo of your child indicating food or medication allergies)

Environmental Allergies: \_\_\_\_\_ Other Allergies: \_\_\_\_\_

Medication used for above allergies: \_\_\_\_\_

Asthma:  Yes  No Medication for Asthma: \_\_\_\_\_ Does Camper need Epi-Pen?  Yes  No (If yes, you MUST supply to the CASA office)

Does Camper take prescription medication?  Yes  No (If camper will be taking medication during the summer camp day a doctor's order form with directions is needed)

Please tell us about your child's major strengths and weaknesses in terms of personal qualities, social skills and proficiencies. Please feel free to write separately with additional information or concerns you have which would help us to provide the best possible summer experience for your child. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any special conditions in your child's medical history of which we should be aware of in taking care of your child. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit a copy of your child's recent immunization record with the registration form and payment by May 4, 2007.