

# Registration

# Schedule

# Health Form

Register online at [www.casaatsheridan.org](http://www.casaatsheridan.org) or mail us this registration form.

## 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 2008: \_\_\_\_\_ Grade in the fall 2008: \_\_\_\_\_  
Name of Person RESPONSIBLE for After-camp 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 II

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 9, 2008.

SESSION I (June 16– July 3)	SESSION II (July 7– July 25)	August Institute (July 28– August 8)	Deposit
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**Session/Deposit**

- |  |  |  |   |
|--|--|--|---|
| <input type="radio"/> Creative Little Kids (\$910) | <input type="radio"/> Creative Little Kids (\$910) | <input type="radio"/> Session I (\$305)  | <input type="radio"/> Both Sessions (\$400 Deposit)       |
| <input type="radio"/> Creative Juniors (\$910)     | <input type="radio"/> Creative Juniors (\$910)     | <input type="radio"/> Session II (\$305) | <input type="radio"/> Session I (\$200 Deposit)           |
| <input type="radio"/> Creative Seniors (\$910)     | <input type="radio"/> Creative Seniors (\$910)     |  | <input type="radio"/> Session II (\$200 Deposit)          |
| <input type="radio"/> Creative Apprentices (\$790) | <input type="radio"/> Creative Apprentices (\$790) |  | <input type="radio"/> August Institute I (\$100 Deposit)  |
|  |  |  | <input type="radio"/> August Institute II (\$100 Deposit) |

**EXTENDED DAY / CASA PLUS**

**CASA AM**

- Session I (\$ 60 per week) Fee per morning: \$25
- Session II (\$ 60 per week)
- August Institute (\$ 60 per week)

**CASA PM**

- Session I (\$ 150 per week) Fee per day: \$40
- Session II (\$ 150 per week)
- August Institute (\$ 150 per week)

**CARPOOL LIST**

- Yes, please add my information to the carpool list and send me a copy of the list.

**CAMP T-SHIRT**

- One free per camper! Please indicate size
- Children's size  S  M  L
- Adults size  S  M  L  XL

**FEES**

Deposit (Session I and II) \$200 .....(August Institute I and II) \$100.....\$ \_\_\_\_\_

I am happy to contribute \$5 or ..... to the CASA Scholarship Fund.....\$ \_\_\_\_\_

TOTAL ENCLOSED (Check # \_\_\_\_\_).....\$ \_\_\_\_\_

Please charge the amount enclosed to my credit card:

Credit Card Number: \_\_\_\_\_  Visa  Mastercard  Amex  Discover

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Except as stated in this application, this individual is in good health and is capable of participating in all camp activities. In case of emergency, when neither parent can be reached by phone, I give my permission to the Director or in her absence to her designee, to arrange for emergency medical treatment.

I have read the brochure and give my child permission to attend CASA. My child understands that he/she will need to follow all CASA rules. I have enclosed a **non-refundable deposit of \$200 per session** for the core program to reserve my child's place in the program. I agree to pay the balance of tuition by May 9, 2008, or my space may be forfeited. I give permission for photos of my child and his/her artwork to be used for promotional purposes. I give permission for my child to go on camp field trips. I understand that after May 9, 2008 NO refund will be given.

Signature of Parent/Guardian

Print Name

Date

**Please make check payable to Sheridan School/CASA and mail it with all forms to:  
CASA @ Sheridan School 4400 36th Street, NW Washington, DC 20008**

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Confirmation sent: \_\_\_\_\_ Total Fees: \_\_\_\_\_

Deposit: \_\_\_\_\_ Check #: \_\_\_\_\_ Balance: \_\_\_\_\_ Check #: \_\_\_\_\_

For each session you are attending, please select three classes in each period listed in priority order.

SESSION I (June 16 <sup>th</sup> – July 3 <sup>rd</sup> )		SESSION II (July 7 <sup>th</sup> – July 25 <sup>th</sup> )	
1st Period	1 _____ 2 _____ 3 _____	1st Period	1 _____ 2 _____ 3 _____
2nd Period	1 _____ 2 _____ 3 _____	2nd Period	1 _____ 2 _____ 3 _____
3rd Period	1 _____ 2 _____ 3 _____	3rd Period	1 _____ 2 _____ 3 _____
4th Period	1 _____ 2 _____ 3 _____	4th Period	1 _____ 2 _____ 3 _____

**AUGUST INSTITUTE (July 28<sup>th</sup> - August 8<sup>th</sup>)**

August Institute Creative Classes (For children in CLK, please write on the schedule form CLK)		Sessions August Institute	
<p><b>Period 1:</b></p> <ul style="list-style-type: none"> <li>○ Computer Clubhouse</li> <li>○ Art Odessey</li> <li>○ Made by You</li> <li>○ Recycle Art</li> <li>○ Team Games</li> <li>○ Yoga</li> <li>○ Good Morning CASA</li> </ul> <p><b>Period 2:</b></p> <ul style="list-style-type: none"> <li>○ Arts for All!</li> <li>○ Ceramics: Handbuilding</li> <li>○ Computer Clubhouse</li> <li>○ Green Projects</li> <li>○ Handball and Tennis</li> <li>○ Modern Dance</li> <li>○ Food Around the World</li> </ul>	<p><b>Period 3:</b></p> <ul style="list-style-type: none"> <li>○ CASA Design</li> <li>○ Earth Mural</li> <li>○ Jazz/Hip-Hop</li> <li>○ Jewelry Making, Knitting and Crochet</li> <li>○ Little Bites</li> <li>○ Pottery Studio</li> <li>○ Water Mania</li> </ul> <p><b>Period 4:</b></p> <ul style="list-style-type: none"> <li>○ 3-D</li> <li>○ Baking</li> <li>○ Ballet</li> <li>○ CASA Newspaper</li> <li>○ Clever Clay Creations</li> <li>○ Combo Sports</li> <li>○ Recycle Arts &amp; Crafts</li> </ul>	1st Period	1 _____ 2 _____ 3 _____
		2nd Period	1 _____ 2 _____ 3 _____
		3rd Period	1 _____ 2 _____ 3 _____
		4th Period	1 _____ 2 _____ 3 _____