

CASA Registration

Ready to enjoy Everything at CASA? Register today!

You can register online at www.CASAtsheridan.org, or mail us your completed form. Please note: applications must be filled out by a parent or guardian. . . and don't forget to sign your form!

About your Child

Last Name: _____ First Name: _____

Sex: Male Female Age: _____ Date of birth: _____

School currently attending: _____ School attending in the fall '10: _____ Grade in the fall '10: _____

How did you hear of CASA? _____ What summer program (if any) did you attend last year? _____

Name of Person RESPONSIBLE for After-camp pick-up: _____

Phone Number: _____ Cell Phone Number: _____

Child lives with Parent 1 Parent 2 Both Parents

Please tell us about your child's strengths and weaknesses: personality traits, social skills, and proficiencies. Feel free to write on a separate piece of paper, if needed. Include any additional information or concerns you might have that will help us provide the sunniest CASA summer for your child. Thank you!

About You

Parent I

Last Name: _____

First Name: _____

Home Ph: _____ Cell Ph: _____

Work Ph: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent II

Last Name: _____

First Name: _____

Home Ph: _____ Cell Ph: _____

Work Ph: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact

In case of an emergency, every effort will be made to contact parents. In the event that a parent cannot be reached, CASA will contact the following person(s).

Contact I

Full Name: _____

Relationship: _____

Home Ph: _____ Cell Ph: _____

Work Ph: _____

Contact II

Full Name: _____

Relationship: _____

Home Ph: _____ Cell Ph: _____

Work Ph: _____

Health Form



Schedule



Registration

CASA Registration

Session I (June 21- July 2)	Session II (July 6- July 16)	Session III (July 19- July 30)	CASA Sampler (Aug. 2- Aug. 13)
<input type="radio"/> Creative Little Kids <input type="radio"/> Creative Juniors & Seniors <input type="radio"/> Creative Apprentices	<input type="radio"/> Creative Little Kids <input type="radio"/> Creative Juniors & Seniors <input type="radio"/> Creative Apprentices	<input type="radio"/> Creative Little Kids <input type="radio"/> Creative Juniors & Seniors <input type="radio"/> Creative Apprentices	<input type="radio"/> Creative Little Kids <input type="radio"/> Creative Juniors & Seniors <input type="radio"/> Creative Apprentices

Extended Day / CASA Plus

CASA AM	CASA PM
<input type="radio"/> Session I (\$ 50 per week) Fee per morning: \$15 <input type="radio"/> Session II (\$ 50 per week) <input type="radio"/> Session III (\$ 50 per week) <input type="radio"/> CASA Sampler (\$ 50 per week)	<input type="radio"/> Session I (\$ 150 per week) Fee per day: \$30 <input type="radio"/> Session II (\$ 150 per week) <input type="radio"/> Session III (\$ 150 per week) <input type="radio"/> CASA Sampler (\$ 150 per week)

Carpool List Camper Shirt

Yes, please add my contact information to the CASA carpool list and send me a copy of the list when it is ready.

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

CASA Directory

Yes, please add my contact information to the CASA camp directory

Enclosed Payment

Registering before February 26? Please take \$10 off your enclosed registration fee.

Fee per session \$ _____
 Deposit (\$200 per session) \$ _____
 TOTAL ENCLOSED (Check # _____) \$ _____

I authorize CASA at Sheridan School to charge my credit card for :
 Credit Card Number: _____
 Visa Mastercard Amex Discovery
 Expiration Month: _____ ExpirationYear: _____
 Cardholder Name: _____

Except as stated in this application, the applicant is in good health and is capable of participating in all camp activities. In case of emergency, when neither parent(s) nor emergency contact(s) can be reached by phone, I give permission to the CASA Director, or in her absence to her designee, to arrange for emergency medical treatment for my child.

I have read the CASA camp brochure and give permission for my child to attend CASA. My child understands that she/he will be expected to follow all CASA rules.

I have enclosed a non-refundable deposit of \$200 for each session to reserve my child's place in the CASA program. I agree to pay the balance of tuition no later than May 7, 2010; otherwise, CASA will not hold my child's reservation.

I do do not give CASA permission to load video clips of my child on YouTube and CASA/Sheridan School's website.
 I do do not give CASA permission to use photographs of my child and/or my child's artwork in promotional materials.
 I do do not give permission for my child to participate in CASA's off-campus field trips.

I understand that no refunds will be available after May 7, 2010.

 Signature of Parent/Guardian Print Name Date

Please mail your registration and all pertinent forms to: CASA at Sheridan School, 4400 36th Street, NW Washington, DC 20008

CASA Registration

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

Session I (June 21st – July 2nd)

1st Period 1 _____
2 _____
3 _____

2nd Period 1 _____
2 _____
3 _____

3rd Period 1 _____
2 _____
3 _____

4th Period 1 _____
2 _____
3 _____

Session II (July 6th – July 16th)

1st Period 1 _____
2 _____
3 _____

2nd Period 1 _____
2 _____
3 _____

3rd Period 1 _____
2 _____
3 _____

4th Period 1 _____
2 _____
3 _____

Session III (July 19th – July 30th)

1st Period 1 _____
2 _____
3 _____

2nd Period 1 _____
2 _____
3 _____

3rd Period 1 _____
2 _____
3 _____

4th Period 1 _____
2 _____
3 _____

CASA Sampler (August 2nd – August 13th)

1st Period 1 _____
2 _____
3 _____

2nd Period 1 _____
2 _____
3 _____

3rd Period 1 _____
2 _____
3 _____

4th Period 1 _____
2 _____
3 _____

CASA Registration

Health Information

Camper's health insurance carrier: _____ Policy Number: _____ ID: _____

Doctor's name: _____ Doctor's phone: _____

Food allergies: _____

Drug allergies: _____ Environmental allergies: _____

Does the camper have asthma? _____ Does she/he need an Epi-Pen? _____

If your child requires an Epi-pen, please provide the *CASA* nurse with a photo of your child, as well as an Epi-pen labeled with your child's name. Thank you!

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)

If your child takes prescription medications, please provide *CASA* with a copy of your doctor's directive for administering the medication, as well as a labeled supply of the medicine.

Please send a copy of your child's immunization record with this registration form, no later than May 7, 2010.

Please list any special conditions in your child's medical history that will help us take the best possible care of your camper. Thank you!

CASA

at Sheridan School

2010