

CHRIST ASCENSION PRESCHOOL

CAMP CAPS REGISTRATION FORM

CHILD NAME: _____

SIBLING(S) NAME(S): _____

BIRTH DATE AND AGE: _____

GUARDIANS' NAMES: _____

ADDRESS: _____

EMAIL ADDRESSES: _____

CELL PHONE NUMBERS: _____

EMERGENCY CONTACT NAME #1 AND PHONE NUMBER: _____

EMERGENCY CONTACT NAME #2 AND PHONE NUMBER: _____

KNOWN ALLERGIES, MEDICATION INFO OR ACCOMMODATIONS RELEVANT TO
CAMP PARTICIPATION:

WEEKS CAMPER WILL ATTEND (CIRCLE AT LEAST TWO DAYS IN ANY WEEK YOUR
CHILD IS ATTENDING):

JUNE 24, 25, 26, 27, 28
JULY 1, 2, 3, 5*

JULY 22, 23, 24, 25, 26
JULY 29, 30, 31, AUG 1, 2

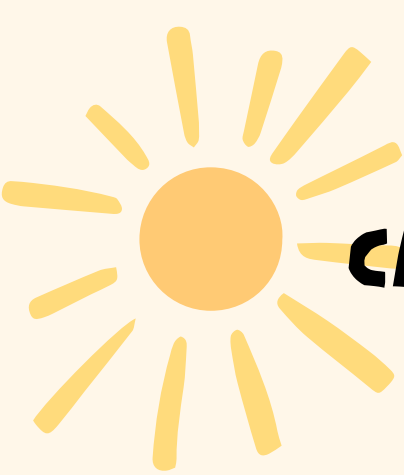
JULY 8, 9, 10, 11, 12

AUGUST 5, 6, 7, 8, 9

JULY 15, 16, 17, 18, 19

AUGUST 12, 13, 14, 15, 16





CAMP CAPS INFORMATION

LOCATION:

CHRIST ASCENSION PRESCHOOL
8300 GERMANTOWN AVE
PHILADELPHIA, PA 19118

HOURS OF OPERATION:

Basic Camp Day: 9am - 12pm

*Early Drop Off: 8:30am - 9am

*Lunch Bunch: 12pm - 4pm

*Additional PM Care is available PER HOUR past noon

*PLEASE REGISTER FOR ANY EARLY DROP OFF OR
ADDITIONAL CARE ON REGISTRATION FORM
OR AT LEAST ONE WEEK PRIOR*

HOW TO ENROLL:

Fill out form above, along with most recent immunization record, and
return in person with your \$25 application fee, or scan to
capsdirector@christascension.org

DISCOUNTS:

Children signed up for all 8 weeks receive a 5% discount.

Siblings receive a 5% discount.

EACH FAMILY IS ELIGIBLE FOR ONE DISCOUNT ONLY.

Children ages 15 months - 5 years

A SUMMER CAMP INFO PACKET WILL BE SENT OUT
IN LATE MAY WITH MORE INFO!

