# C.A.S. Summer Camp 2015

#### Forest Glen Middle

(June 8th - August 14th 7:30 AM - 6:00 PM)

### Coral Springs Biggest and Best Camp - Since 2000

Safe - Fun - Flexible - Convenient - Affordable NO MINIMUMS - NO CONTRACTS

Experienced Staff with all child care credentials and background checks

Visit CAS Summer Camp on Facebook Check out the pictures and become friends for updates

\*\* 5 Year Olds - Current 6th Grade \*\*

New Teen Program for (returning 7th Graders only) \*\*On-Site Camp \*\*One optional trip per week\*\*

Pay Weekly - **\$95** (3 day) or **\$125** (5 day)

We accept cash, checks, or credit cards (credit cards are through paypal using our website)

#### **ON-SITE ACTIVITIES INCLUDE**

\*\*New for this summer - Indoor Gymnasium\*\*
(Each group will always have several activities going on at the same time, and the campers will always have choices)

Indoor/Outdoor Sports

Hockey

Flag Football

Soccer

Basketball/Baseball

Capture the Flag

XBOX/WII Room

Tablets/Nintendos

Ping Pong/Foosball

Laser Tag

Weekly Shows

Magicians

Dance/Hip Hop

Cooking

Bounce Houses

**Arts and Crafts** 

**Dance Parties** 

Animal Shows & Much More...

On-Site 18 - 30 Foot Inflatable Water Slides Twice Weekly Cotton Candy, Sno-cone, Slushee and Pizza Days

#### For more information please call

Jodi (954) 557-4746 or Michael (954) 729-3222

Visit www.communityafterschool.com for registration forms

C.A.S. does not discriminate on the basis of age, race, color, disability, gender, marital status, national origin, religion, or sexual orientation.

License # 46046

### C.A.S. Summer Camp 2015

## Fees and payment information Please circle one: 3 day or 5 day

<u>5 day program</u> - \$60 registration, \$125 per week of attendance (this includes supply, insurance and school board rental fees). Your final week's fee must be pre-paid in advance with registration. (*Total per child to be paid with registration - \$185*)

<u>3 day program (you do not have to pick the same days every week)</u> - \$60 registration, \$95 per week of attendance (this includes supply, insurance and school board rental fees). Your final week's fee must be pre-paid in advance with registration.

(Total per child to be paid with registration - \$155)

#### THERE WILL BE A LATE REGISTRATION FEE OF \$20 IF YOU REGISTER AFTER MAY 15TH

(Registration fees and final week's fees are non-refundable)

Child's Name	2014 –2015 Grade		School
Signature of parent/guardian	D	oate	
E-mail address			

Please circle weeks you *expect* to attend on the calendars. You will not be held to this, it is for us to calculate our staffing needs. **Any calendar not marked will be sent back.** 

June				
М	Т	W	Т	F
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

July				
M	Т	W	Т	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

August				
M	Т	W	Т	F
3	4	5	6	7
10	11	12	13	14

Registration forms, along with payment, may be:(1) dropped off at the Coral Park after care program from 2:30 - 5:30

- (2) mailed to CAS, 4900 West Leitner Drive, Coral Springs, 33067
- (3) or faxed to 954-255-0037 (this choice is only available if you are making your payment through mike@communityafterschool.com)

FORMS AND PAYMENTS MUST BE SUBMITTED AT THE SAME TIME. REGISTRATION WILL NOT BE PROCESSED WITHOUT BOTH.

School Name:	<b>CAS Registration</b> After School and Summer Can	Password np Program		
Child's Name: (Last)	(First)	Current Grade:		
Address:	City:	Zip:		
Date/Of/Birth:	-			
Child lives with: ☐ Both Pare	nts   Mother	Father		
Name Hor	me Phone Cell Pho	one Work Phone		
Mother:				
Father :				
Guardian:				
Parent's E-mail Address:				
Family Doctor:	Phone:			
Does you child have any allergies?  Does your child take any medication  Will it be dispensed at CAS  Does your child have any special con  Does your child have any special nee	Yes \( \text{No}\)  S? \( \propto \text{Yes} \( \propto \text{No}\)  Yes \( \propto \text{No}\)  No  Accerns we need to be aware of the second	If, Yes,		
Emergency contacts/people authoriz	zed to pick up my child in cas	e of emergency, illness, after hours, etc		
Name	Relationship	Phone Cell		
		1		
<ol> <li>Where applicable CAS enforces the Code of Student Conduct for Broward County Public Schools.</li> <li>Our 5 step discipline policy is as follows: (1) child is sent to director and/or put in time out (2) parent is spoken to and given a verbal warning regarding the child's behavior (3) a written warning is given to the parent to sign (4) child will get a 3 day suspension (5) the child will be exited from program. Depending on the severity of the behavioral problem, one or more of the steps may be skipped.</li> <li>I understand that payment for Summer Camp/After School Child Care Program will be made in advance of the child receiving the care. Failure to pay in advance will result in a child's nonparticipation in the program and an immediate dismissal. A RE-REGISTRATION fee will need to be paid for re-entry.</li> <li>Returned checks will be assessed a \$25 fee, it must be replaced with cash on the following day. All future payments must be cash/money order.</li> <li>I understand that it is necessary to pick up my child(ren) on time. Failure to do so may result in dismissal from the program. A late fee of \$15.00 per 15 minutes, or part of, will be charged per child. (Fees start accumulating at 6:01, ie. 6:01 = \$15, 6:16 = \$30). Excessive lateness may result in child being exited from the program.</li> <li>I hereby give consent to the nearest hospital to administer necessary treatment to my children in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.</li> <li>I hereby authorize CAS to photograph/publish any photographs in which my child appears. I further agree that CAS can use these photographs in school brochures, newsletters, advertising, posters, displays, slideshows, videotapes, catalogs, websites and like productions or literature without limitations or reservations.</li> <li>I hereby give permission for my child to participate in all activities at Community After School. CAS will not be respo</li></ol>				
Signature	Print Name	Date		