

Crocodile Dock

Kids Club Summer 2009

"Where fearless kids shine God's Light"

Christ United Methodist Church
8285 Glen Eagles Lane
Fairfax Station, Virginia 22039
703.690.3401, FAX 703.690.7083



Application for Admission:

July-August 2009

Please enroll my _____ son _____ daughter _____ (full name)

Name called: _____

Birth date: _____ Age as of July 1, 2009: _____

Program Hours are from 9:00 am-1:00 pm

Class: (class groups are according to the preschool or elementary classes the children will be enrolled in for the Fall of 2009—Birth date as of September 30, 2009 for Clubmate classes)

- _____ Beginnings 1 (18 months-24 months)-birthdate 10/1/07-1/1/08
- _____ Beginnings 2 (2 year olds)
- _____ Clubmates 1 (3 year olds)
- _____ Clubmates 2 (4 year olds)
- _____ Clubmates 3 (rising Kindergarten)
- _____ Clubmates 4 (rising 1st graders)
- _____ Clubmates 5 (rising 2nd and 3rd graders)

- | | |
|-----------------------------------|--------------------------------|
| _____ Total Program (all 7 weeks) | _____ Week 4 (July 21,22,23) |
| _____ Week 1 (June 30, July 1,2) | _____ Week 5 (July 28, 29,30) |
| _____ Week 2 (July 7,8,9) | _____ Week 6 (August 4,5,6) |
| _____ Week 3 (July 14,15,16) | _____ Week 7 (August 11,12,13) |

Parents and/or Guardians: _____

Mother:
Employer: _____ Occupation: _____ Work Phone: _____

Father:
Employer: _____ Occupation: _____ Work Phone: _____

Home Address: _____
City, State & Zip _____

Home Phone: _____

Cell Phone or Pager: _____ (mom)
_____ (dad)

Child's Physician: _____ Phone: _____

Emergency Contacts (if parent is not available) 1. _____ Phone: _____

2. _____ Phone: _____

Allergies, health considerations: _____

Has your child attended school before? _____yes _____ no

Do your children attend Sunday School/CCD? _____yes _____ no

If so, where? _____

Other children in your family/household:

Name: _____ age: _____

Name: _____ age: _____

Name: _____ age: _____

Further comments, suggestions, or information you feel we need to know about your child:

Signature: _____ Date: _____

ARTS AND CRAFTS FEE: _____
FEES AND TERMS (signed): _____

PROGRAM FEES—
Session 1: _____ Session 2: _____