

VILLAGE CHARTER SCHOOL SUMMER CARE PROGRAM 2021

Name: _____

OPEN TO ALL 2021/2022 ENROLLED VCS K-8TH STUDENTS

CAMP RUNS:

Wednesday, June 16 – Friday, July 30
 Monday – Friday 8:00 a.m. - 5:00 p.m.

FULL CAMP = \$1000

TWO SESSIONS or 10 DAY DROP OFF = \$350

SINGLE SESSION or 5 DAY DROP OFF = \$200

Check if attending FULL camp:	<input type="checkbox"/>	\$ 1000
Check each SESSION attending below		
Session:	Week of:	✓
1	June 16 (3 days)	
2	June 21	
3	June 28	
4	July 5	
5	July 12	
6	July 19	
7	July 26	
# of SESSIONS or DROP OFF days:		
1 SESSION or 5 days x \$200		\$
2 SESSIONS or 10 days x \$350		\$
Less sibling discount 10% first sibling 15% second or more		\$
Total amount due:		\$

Check known DROP OFF days attending below				
All sessions and/or drop off days must be communicated and paid for in advance.				
MON	TUES	WEDS	THURS	FRI

REGISTRATION
Complete and return both pages of the VCS Summer Camp registration with payment to the school office prior to June 11 th . Arrangements made after June 11 th must be communicated and paid for in advance with Mr. Matt or Mr. Coco. Make check out to VCS, memo: summer. Please do not combine with other payments.

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VILLAGE CHARTER SCHOOL SUMMER CARE PROGRAM PERMISSION FORM

I give permission for my child, _____,
Student Name

to attend the Village Charter School Summer Program and to participate in all activities and field trips* planned during his/her sessions. (*COVID-19 permitting)

AUTHORIZATION TO TREAT A MINOR: In case of accident or other emergency, if parent or guardian cannot be reached, I hereby authorize a representative of the school to make arrangements as he/she consider necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and authorize such care and treatment to be performed by any licensed physician or surgeon.

Name of Parent/Guardian: _____ Cell: _____

Address: _____ Work: _____

Signature of Parent/Guardian: _____ Date: _____

PLEASE REMEMBER TO PROVIDE YOUR CHILD'S CAR SEAT OR BOOSTER IF NECESSARY

EMERGENCY CONTACTS - PROVIDE THREE (3) or MORE

MOTHER: Name _____ Cell _____
Address _____ Work _____

FATHER: Name _____ Cell _____
Address _____ Work _____

OTHER RELATIONSHIP Name _____ Cell _____
Address _____ Work _____

OTHER RELATIONSHIP Name _____ Cell _____
Address _____ Work _____

MEDICAL CONTACTS

PHYSICIAN: Name _____ Phone _____
Address _____

DENTIST: Name _____ Phone _____
Address _____