

CALL 703-378-4966
ASK FOR MISS BARB

Chantilly Academy Preschool is Proud to Offer its

**15th ANNUAL SUMMER ENRICHMENT HALF DAY CAMP PROGRAM
JUNE 29th – AUGUST 6th 2009**

14088-K Sullyfield Circle • Chantilly, VA 20151 • 703-378-4966 • 703-378-2914-FAX

Camp Week	Date	# of Days	Theme & Description <small>**All fees listed include a \$15.00 Registration/Supply fee per session attended.</small>	Cost Per Week
1	6/29-7/2	4-M-Th	"Land Before Time" – Creating the World of Our Friendly Giants – The Dinosaurs	\$150.00
2	7/6-7/9	4-M-Th	"Our Big Back Yard" – Learn about our Natural Environment & the Great Outdoors	\$150.00
3	7/13-7/16	4-M-Th	"Out of this World" – Discover the Magic of our Wonderful Sky, Moon and Stars!	\$150.00
4	7/20-7/23	4-M-Th	"Trains, Planes & Automobiles" – Things that Go, Go, Go!	\$150.00
5	7/27-7/30	4-M-Th	"Musical Madness" – Explore Rhythm, Rhyme, Melody & More.	\$150.00
6	8/3-8/6	4-M-Th	"Water, Water, Everywhere..." Investigate the Wonder of Water from Bubbles to Beaches.	\$150.00

WWW.CHANTILLYACADEMY.COM

**TO REGISTER: PLEASE COMPLETE & RETURN THIS FORM WITH PAYMENT. BIRTH CERTIFICATES MUST BE PRESENTED.
PLEASE COMPLETE THE 2009 CA SUMMER ENRICHMENT CAMP REGISTRATION FORM**

CHILD NAME <small>*COST PER WEEK - \$150.00</small>	AGE	DATE OF BIRTH	SEX: M OR F	SESSIONS ATTENDING- All Sessions Mon-Thurs					
				1 <small>6/29-7/2</small>	2 <small>7/6-7/9</small>	3 <small>7/13-7/16</small>	4 <small>7/20-7/23</small>	5 <small>7/27-7/30</small>	6 <small>8/3-8/6</small>
1 -									
2 -									
3 -									

MOTHER'S NAME & WORK/CELL # _____ FATHER'S NAME & WORK/CELL # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ E-MAIL ADDRESS _____ MEDICAL INSURANCE _____ YES _____ NO

TO CHARGE PAYMENT: CC#: _____ Exp. Date _____ Visa/MC/AMEX/DISC
Circle One

CARDHOLDER'S NAME _____ CARDHOLDER SIGNATURE _____

★ SEND PAYMENT TO: Please Print
Chantilly Academy Gymnastics
14088-K Sullyfield Circle
Chantilly, VA 20151

Phone-(703) 378-4966
Fax- (703)378-2914

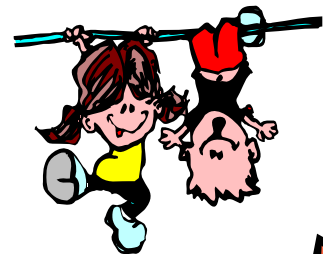
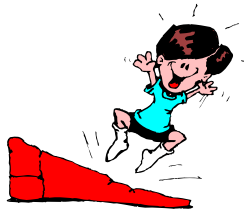
★ No Refunds After 6/26/09. ★

OFFICE USE ONLY:

New Student:	Birth Certificate:	Pay Type:	Amount Paid	Staff Initial:	Entered in Computer:
--------------	--------------------	-----------	-------------	----------------	----------------------

★ REGISTER IN PERSON, BY MAIL OR FAX ★

Please Complete ALL Emergency Contact Information on the Back of this Form.
SEE PROGRAM OVERVIEW ON BACK OF THIS FORM



15TH ANNUAL CA SUMMER ENRICHMENT
June 29th - August 7th
6 - ONE WEEK SESSIONS - MON-THURS



SUMMER ENRICHMENT PROGRAM OVERVIEW:

- THESE TOPICS ARE DESIGNED TO INVOLVE THE CHILDREN IN PROBLEM SOLVING, CREATIVE ARTS, AND CREATIVE MOVEMENT. THERE IS 45 MINUTES PER DAY OF SCHEDULED GYMNASTICS AND MOVEMENT IN OUR STATE OF THE ART GYM FACILITY WITH A GYMNASTICS INSTRUCTOR.
- EACH SESSION MEETS FROM 9:00AM-12:00NOON. WE ACCEPT 3-6 YEAR OLDS. BIRTH CERTIFICATES MUST BE PRESENTED UPON ENROLLMENT. SEPARATE SMALL CLASSROOM GROUPS WILL BE SET UP FOR AGE APPROPRIATE LEARNING BASED ON ENROLLMENT.
- WE ONLY EXPECT YOUR CHILD TO COME WITH AN OPEN MIND, EAGERNESS TO LEARN, AND THE WILLINGNESS TO SHARE IDEAS. PLEASE ADDRESS ANY QUESTIONS TO MISS BARB OF THE PRESCHOOL STAFF. WE LOOK FORWARD TO SEEING YOU AND YOUR CHILD THIS SUMMER.

RELEASE/RISK STATEMENT: (KNOWLEDGE OF RISKS) - Having been informed and being fully aware that gymnastics and related activities at Chantilly Academy involve vigorous physical activity which includes, but is not limited to: height, flight, rotation and twisting in a unique environment, and on various pieces of apparatus; and that gymnastics, and gymnastics related activities always involve certain risks, including but not limited to: death, serious neck and/or spinal injuries resulting in complete or partial paralysis, brain damage, and serious minor injury to virtually all bones, joints, muscles and organs; and further understanding that all mats, pits and other equipment provided for my child's protection, including the active participation of an instructor who may spot or assist in the performance of certain skills, may not be able to prevent injury,
(RELEASE) - The named participants have had a medical examination within the last twelve months and are capable of participating in the chosen sport of gymnastics or any physical activity. I authorize any Chantilly Academy employee to take the necessary steps regarding the administration of first aid and/or authorization of medical treatment for any injury or illness my child may have. Members are expected to carry their own accident and medical insurance.

I HEREBY ACKNOWLEDGE MY UNDERSTANDING OF THE RISKS INVOLVED IN PARTICIPATING IN GYMNASTICS AND RELATED ACTIVITIES, AND IN CONSIDERATION OF MY CHILD'S ACCEPTANCE INTO THE PROGRAM, I AGREE TO ACCEPT THOSE RISKS AND VOLUNTARILY CHOOSE TO HAVE MY CHILD PARTICIPATE.

BY SIGNING BELOW I ACCEPT TO VOLUNTARILY PARTICIPATE & UNDERSTAND THAT FEES PAID SECURE A REGISTERED SPACE AND ARE NON-REFUNDABLE:

PARENT NAME _____ SIGNATURE _____ DATE _____

No Refunds After 6/26/09.

EMERGENCY CONTACTS (other than parents please):

NAME/RELATIONSHIP _____ / _____ PHONE # _____

LIST ANY ALLERGIES, ILLNESSES OR PAST INJURIES WE SHOULD BE AWARE OF:

ARE YOU INSURED: _____ YES _____ NO INSURANCE CO. _____

PHYSICIAN NAME _____ PHONE NUMBER _____

Please Complete ALL Emergency Contact Information