

**REGISTRATION FORM  
ACCOTINK ACADEMY PRESCHOOL  
SUMMER SUNSHINE PROGRAM - 2012**

**SMALL PHOTO ID**

Affix a small  
snapshot of  
your child  
in this space

Check program options and circle weeks desired  
(if you choose 2, 3 or 5 day program) OR  
circle weekdays if you choose only a few days.

I hereby register my child for the Summer Program as follows:

	Circle weeks desired						
2-day program (T,Th)	1	2	3	4	5	6	7
3-day program (M,W,F)	1	2	3	4	5	6	7
3-day program (T,W,Th)	1	2	3	4	5	6	7
5-day program (M-F)	1	2	3	4	5	6	7

OR

Register for specific dates by circling each day

	M	T	W	TH	F		M	T	W	TH	F
Week 1.....	JN 4	5	6	7	8	Week 5.....	JL 2	3		5	6
Week 2.....	11	12	13	14	15	Week 6.....	9	10	11	12	13
Week 3.....	18	19	20	21	22	Week 7.....	16	17	18	19	20
Week 4.....	25	26	27	28	29						

Child's name: \_\_\_\_\_ Nickname \_\_\_\_\_

(Last)                      (First)                      (M.I.)

Date of birth: \_\_\_/\_\_\_/\_\_\_ Sex: (circle one) M F Age: \_\_\_\_\_

(yrs.)                      (mos.)

Address: \_\_\_\_\_

(street)                      (city)                      (state)                      (zipcode)

Phone numbers: Home (\_\_\_\_)\_\_\_\_-\_\_\_\_ Mom's cell phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

Dad's cell phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

Mother's name \_\_\_\_\_ Place employed \_\_\_\_\_

Business address \_\_\_\_\_ Business phone \_\_\_\_\_

Home address \_\_\_\_\_ Home phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Place employed \_\_\_\_\_

Business address \_\_\_\_\_ Business phone \_\_\_\_\_

Home address \_\_\_\_\_ Home phone \_\_\_\_\_

Name of person(s) having legal custody of child  
(if not parent , attach a copy of custody documentation)

Name \_\_\_\_\_ Place employed \_\_\_\_\_

Business address \_\_\_\_\_ Business phone \_\_\_\_\_

Home address \_\_\_\_\_ Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Last Preschool/School/Day care program attended \_\_\_\_\_

Grade \_\_\_\_\_

**(OVER)**

List any chronic physical problems or special accommodations needed \_\_\_\_\_  
\_\_\_\_\_ List any restricted  
activities here \_\_\_\_\_  
Provide any pertinent developmental information \_\_\_\_\_

### EMERGENCY INFORMATION

Allergies or intolerance to food, medication \_\_\_\_\_  
Action to take in emergency situation \_\_\_\_\_  
Child's physician \_\_\_\_\_ Physician's phone \_\_\_\_\_  
Physician's address \_\_\_\_\_

(2) people to contact if parents cannot be reached:

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
2. Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Persons who may call for child \_\_\_\_\_  
Persons who are not authorized to visit or call for child \_\_\_\_\_  
Day care provider's name(if applicable) \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

### PARENT/GUARDIAN:

- \*Agrees to call for child as soon as possible whenever the child becomes ill during the day.
- \*Understands that all fees are payable by May 25, 2012, according to the fee schedule.
- \*Understands that a late fee will be charged when child is called for after 2:00pm(Late fee: \$10.00 for first 15 minute interval; \$15.00 for each additional 15 minute interval)
- \*Must submit current report of physical examination(including TB screening results and immunization records for a child who has not attended Accotink Academy this school year) and proof of age (birth certificate) before May 25, 2012.
- \*Authorizes Accotink Academy Summer Program to obtain immediate medical care if any emergency occurs when parent/guardian cannot be contacted immediately.
- \*Parent/guardian agrees to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately.
- \*Camp tuition fee is \$35.00 per day.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Director \_\_\_\_\_ Date \_\_\_\_\_

First Day of Camp \_\_\_\_\_ Last Day of Camp \_\_\_\_\_

**A NON-REFUNDABLE FEE OF \$45.00 MUST ACCOMPANY THIS REGISTRATION FORM. REMEMBER TO PROVIDE ALL INFORMATION REQUESTED.**

Please mail application and fee to: Accotink Academy Preschool, 6215 Rolling Road,  
Springfield, Virginia 22152-1637

Questions may be addressed to Fran McBride at 703-451-5797.