

Calvary Christian School Summer Program 2018

Director: Mrs. Julie Cacka
(208) 321-7440 Ext. 406
jcacka@ccsboise.org

The Summer Program is open Monday-Friday, 7 a.m.-6 p.m., for ages 3-12.

**Summer Program begins June 5th and ends August 23rd.

**CLOSED JULY 4th

\$50/child activity fee due at registration (non-refundable).

The Summer Program fills up quickly; please make sure to register ASAP.

Proof of immunizations or signed exemption is required.

Daily charges: \$15/half day (up to 5.5 hours after drop off)	Daily charges: \$26/full day (over 5.5 hours after drop off) Late fee of \$25 per 10 minutes after 6 p.m.
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Student's Name: _____ M F
(Last) (First) (Middle)

Age _____ Birth Date _____ Grade _____

Father/Guardian's Name: _____

E-mail _____

Father's Address: _____

City _____ State _____ Zip _____

Cell _____ Work Phone _____

Mother/Guardian's Name: _____

E-mail _____

Mother's Address: _____

City _____ State _____ Zip _____

Cell _____ Work Phone _____

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Student Release Authorization

Our program will not release children to any person other than those listed on this form without prior written notification from the student's parent/guardian and PROPER IDENTIFICATION. Please list the people authorized to pick up your child from our program in the spaces below. PLEASE REMEMBER TO LIST YOURSELVES.

Student Name: _____

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Printed Name

Parent/Guardian Signature

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Transportation Authorization (K-Middle School)

Student Name: _____

Dear Parent,

We must have a completed and signed form in order for your child to attend any planned field trips. This transportation release form will remain active as long as your child is one of our students. If the form is not completed and submitted, your child will not be permitted to attend our field trips.

The Calvary Christian Extended Program has my permission to transport my child on field trips.

Parent / Guardian Printed Name

Parent/Guardian Signature

Media Permission (all students)

Please mark one of the following:

_____ I give my permission for the Calvary Christian Extended Program to use my child's photo.

_____ I do not give my permission for the Calvary Christian Extended Program to use my child's photo.

