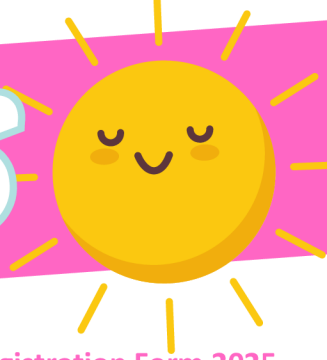




SUMMER SESSIONS



Registration Form 2025

Child Information			
Last Name		First Name	MI Preferred First Name
Birthdate	<input type="checkbox"/> Male <input type="checkbox"/> Female	Allergies/Dietary Restrictions	
Does allergy require use of Epi-Pen or other emergency medication? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

Parent/Guardian Information			
Last Name		First Name	MI Relationship to Child
E-Mail Address			Phone
Address		City	Zip Code

Schedule	
Days: <input type="checkbox"/> 5 Days Monday-Friday <input type="checkbox"/> 3 Days Monday Wednesday Friday <input type="checkbox"/> 2 Days Tuesday Thursday <input type="checkbox"/> 5 Extended Day Monday-Friday 7:30am-5:30pm	Hours: <input type="checkbox"/> Half Day 8:30am-12:30pm <input type="checkbox"/> Full Day 8:30am-2:30pm + Additional Hours: <i>*based on availability</i> <input type="checkbox"/> Early Drop Off 7:30am-8:30am <input type="checkbox"/> After School Care 2:30pm-4:00pm

Students enrolling in the 2's classroom do not have to be potty trained. Student's enrolling in 3's classes, Pre-K|TK must be fully potty trained. no exceptions.

Is your child fully potty trained? (Goes on the potty independently with no assistance, can pull up/down pants, free of accidents.)

Yes, full potty trained.
 *No, actively working on potty training and plan to be potty trained by the first day. (we will check in prior to your child's first day to discuss potty training progress - diapering fee may be applied.)
 *No. (diapering fee will be applied.)

I have read the CVPS Parent Handbook and understand that I am responsible for reading the rules, policies and requirements in the handbook and I agree and will comply with the policies stated. I also agree and understand that I am responsible for keeping myself updated and informed regarding CVPS policies and understand that I will be responsible for complying with any changes made. I understand that failure to follow these policies may lead to termination of childcare services. I understand that the Tuition Fees and Activities Fees must be paid in full to reserve my spot for Summer Sessions and will be charged to my Tuition Express Account. I understand that any missed or cancelled sessions are non-refundable.

Parent/Guardian Signature: _____
 Date: _____

WEEKLY SESSIONS

<input type="checkbox"/> SESSION 1 JUNE 11-JUNE 13 ALOHA SUMMER	<input type="checkbox"/> SESSION 2 JUNE 16-JUNE 20 THE GREAT OUTDOORS
<input type="checkbox"/> SESSION 3 JUNE 23-JUNE 27 FUN CIRCUS	<input type="checkbox"/> SESSION 4 JUNE 30-JULY 3 <small>NO SCHOOL FRIDAY 7/4</small> PARTY IN THE U.S.A.
<input type="checkbox"/> SESSION 5 JULY 7-JULY 11 JURASSIC ADVENTURES	<input type="checkbox"/> SESSION 6 JULY 14-JULY 18 IT'S A BUG'S LIFE
<input type="checkbox"/> SESSION 7 JULY 21-JULY 25 ANIMAL ADVENTURES	<input type="checkbox"/> SESSION 8 JULY 28-AUGUST 1 UNDER THE SEA
	<input type="checkbox"/> SESSION 9 AUGUST 4-AUGUST 8 DISNEY WEEK!

OFFICE USE ONLY:	
<input type="checkbox"/> COMPLETE PAPERWORK	FORM SUBMITTED: _____ INITIAL: _____
<input type="checkbox"/> PAYMENT PROCESSED: _____	INITIAL: _____