



SPANISH SUMMER CAMPS 2022

Fairfax, VA

STUDENT INFORMATION

Last _____ First _____ MI.* _____

Age _____ DOB _____ Gender _____

Address _____ City _____ Zip Code _____

Parent 1 name: _____ Email: _____

Cell phone: _____ Work phone*: _____

Place of work*: _____ Work address*: _____

Parent 2 name: _____ Email: _____

Cell phone: _____ Work phone*: _____

Place of work*: _____ Work address*: _____

Emergency contact's name 1 (not parent): _____ Phone: _____

Address: _____ Relation to student: _____

Emergency contact's name 2 (not parent): _____ Phone: _____

Address: _____ Relation to student: _____

People authorized to pick up student _____

Previous school/daycare attended* _____ Years* _____ Grades* _____

Additional programs attending* _____ Years* _____ Grades* _____

MEDICAL (If not applicable, Write N/A)

Illness or health problems* _____

Allergies* _____

How severe? MILD MODERATE SEVERE LIFE THREATENING

PRECAUTIONS* _____

Medications* _____

Anything else we need to know* _____

Insurance name & Policy number _____

Name of child's physician: _____ Phone Number _____

My child is able to participate in all physical activities: Yes _____ No _____

PERMISSION SLIPS TO TAKE VIDEOS AND PICTURES

I give permission for my child _____ to have his/her video or picture taken while participating in ChiCeLaCu! activities. I am aware that these videos/pictures may be displayed on the website, in newsletters, flyers, social media and/or any other publications regarding ChiCeLaCu! activities.

Parent's name _____ Parent's signature _____

FINANCIAL INFORMATION – Refund & late fee policy

- **Refunds: Course payment is due and payable upon registration. All payments are NON_REFUNDABLE except in cases of CANCELLATION OF SUMMER CAMP WEEKS DUE TO LOW ENROLLMENT**
- Any class with an enrolment of fewer than 6 students on the opening day of each session is subject to cancellation. The decision to cancel a class is made by the Program Director of ChiCeLaCu!

Parent's signature _____ Date: _____

* If applicable. Please do not leave other spaces empty.

I give my consent and approval for my child's participation in Children's Center for Language & Culture, Inc. I hereby release and hold harmless Children's Center Language for Language & Culture, Inc., its agents and employees, from all claims, damages, or other liabilities for injuries to the student which are not the result of gross negligence by Children's Center for Language & Culture, Inc., its agents or employees. I understand that accident insurance is not provided. Children's Center for Language & Culture, Inc. has my permission, in an emergency, to provide emergency medical attention and, if necessary, to take my child to the emergency room of the nearest hospital at my expense, and the hospital and its staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child. This is an authorization for emergency medical care if the emergency occurs when the parent cannot be located immediately unless the parent states in writing an objection to the provision of such care on religious or other grounds. Children's Center for Language & Culture, Inc., will notify the parent when the child becomes ill and the parent will arrange to have the child picked up as soon as possible if so requested by Children's Center for Language & Culture, Inc. The parent will inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately. This is a written agreement between the parent and Children's Center for Language & Culture, Inc., and shall be in each child's record by the first day of the child attendance. This written agreement between the parent and Children's Center for Language & Culture, Inc., is required by 22 VAC 15-30-110 in the set of standards for centers serving children under the age of 13 who are separated from their parents or guardians during a part of the day.

Signature of Parent or Legal Guardian _____ Date _____ / _____ / _____

SCHEDULE

Weeks	Spanish Summer Camp			
	Location	FULL DAY (10am -2:30pm)	Before Care 8:00-10:00	After Care 2:30-4:30
Week 1: June 27 – July 1	Fairfax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 2: July 5 – July 8	Fairfax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 3: July 11 – July 15	Fairfax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 4: July 18 – July 22	Fairfax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 5: July 25 – July 29	Fairfax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN ORDER TO PROCESS APPLICATION, **we must receive** the signed & dated registration form, health form, immunization form, copy of student's ID, Liabilities & Policies form, Parental Guardian Health Screening Commitment Form, Payment. All students must be up to date with immunizations according to ACIP recommendations (Ref. Code of Virginia §32.1-46(a))

Ways to pay:

- **Zelle (No extra fee).** Please send a payment via Zelle to admin@chicelacu.com email address (ChiCeLaCu! Business). Make sure you include your child's name and the name of the program(s) when sending the payment.
- **Check (No extra fee).** Please, mail your check to 10201 Main St, Ste 230, Fairfax, VA 22030, paid to: ChiCeLaCu!. Make sure you include your child's name and the name of the program(s).
- **Credit card (Extra fee of 3-3.5%).** Please email to admin@chicelacu.com and request a bill to be emailed to you.
- **Cash (No extra fee).**

Children's Center for Language & Culture, Inc.

10201 Main St, Ste 230, Fairfax, VA 22030

Questions? 571-210-0161 or info@chicelacu.com