

REGISTRATION FORM ~ SUMMER 2017

Child's Name _____
 Age _____ Birth date _____
 Street Address _____
 City _____ Zip _____
 Email Address: _____
 Home Phone _____ Cell Phone: _____
 In case of emergency first contact #: _____

Please indicate if your child has any allergies, physical limitations, disabilities or illnesses: _____

School now attending: _____
 School arrival & dismissal time: _____
 How did you hear about CATS: _____

CHECK PROGRAM:

- ____ 2-3 yr program 9:00-12:00
- ____ 3-10 yr old program 9:00-1:00 (lunch program)
- ____ 3-10 yr old program 9:00-3:00 (lunch program)

Extended day options must be made in advance with the Director.

PLEASE CHECK WEEKS AND CIRCLE DAYS. 10 DAY MINIMUM.

____ Week 1	June 19 th – June 23 rd	M	T	W	Th	F
____ Week 2	June 26 th – June 30 th	M	T	W	Th	F
____ Week 3	July 2 nd – July 7 th	M	X	W	Th	F
____ Week 4	July 10 th – July 14 th	M	T	W	Th	F
____ Week 5	July 17 th – July 21 st	M	T	W	Th	F
____ Week 6	July 24 th – July 28 th	M	T	W	Th	F
____ Week 7	July 31 st – August 4 th	M	T	W	Th	F
____ Week 8	August 7 th – August 11 th	M	T	W	Th	F
____ Week 9	August 14 th – August 18 th	M	T	W	Th	F
____ Week 10	August 21 st – August 25 th	M	T	W	Th	F

SEE REVERSE SIDE

OFFICE USE ONLY

Total Due: _____
 Amt. Pd: _____
 Bal Due: _____
 Visa, MC or Discover #: _____

 Expiration Date: _____
 Security Code: _____

Early Bird Discounts with \$300 non-refundable deposit by April 21st. Early Bird campers must be PAID IN FULL by JUNE 1ST. DISCOUNTS GIVEN ONLY FOR THE INITIAL NUMBER OF DATES REGISTERED FOR. ANY DATES ADDED ON WILL NOT BE DISCOUNTED. Actual camp dates must be picked by June 1st.

Please read carefully

I am the parent/guardian of _____ and I certify that I am familiar with the activities engaged in by the participants of the Children's Athletic Training School (C.A.T.S) program, and I certify that my child has no conditions that prohibit or limit participation in CATS program. I agree that my child assumes ordinary risk of injury, or risk of injury caused by a condition or practice common to a particular activity or sport, while on the premises where CATS classes are held. I further agree not to hold Children's Athletic Training School Inc., any of its affiliates or subsidiaries, or any of its instructors, supervisors, or any employees liable for any injury sustained by myself or my child while on the premise where CATS classes are held. I will see that my child will be supervised prior to and after his/her CATS class. I understand that program fees are due in full by June 1, 2017, and the Children's Athletic Training School Inc., reserves the right to change a class due to insufficient enrollment. CATS reserves the right to expel any student whose behavior is considered disruptive and/or dangerous to him/her or others. Expelled students are not eligible for a refund.

REFUND POLICY: Tuition in the summer camp is **NON-REFUNDABLE**. A \$300.00 deposit is required. The full balance is due by June 1st. A \$50.00 fee is charged for returned checks. If in case of accident or injury to my child and the emergency contact designated above cannot be reached, I authorize CATS Inc. through its agents or employees, to obtain medical attention for my child. By signing below, I certify that I understand and accept all enrollment conditions. I understand that CATS retains the rights to any photographs taken at CATS to be used for publicity or advertising.

Make Ups: There are **NO MAKE UP DAYS** even under the most extenuating circumstances. Please do not ask.

Lunch: Pack a peanut free lunch or **name labeled** lunch money for the pizza drop box (\$3 for pizza lunch). CATS will provide a snack each day. We also have a microwave in our lunchroom if you wish to send something that needs to be heated. **Please be advised that we do not allow any type of PEANUTS in the CATS lunchroom. Although a favorite, peanut butter and jelly is not allowed for lunch. Please carefully check any food that you send! Don't forget to check snacks as well! This ensures the safety of all our students and we appreciate your help. Please send your child with a name labeled nut free lunch! C.A.T.S. will provide juice and a snack for snack time.**

Print Name: _____

Signature: _____ **Date:** _____