

Day Camp Registration



Dates: Monday; March 12, 2012 Thursday; March 15, 2012
 Tuesday; March 13, 2012 Friday; March 16, 2012
 Wednesday; March 14, 2012

Please Select From the Available Day Camp Locations: *new locations for 2011-2012

Labay Middle School **Willbern Elementary** **A. Robison Elementary**
 15435 Willow River, Houston, Texas 77095 10811 Goodspring Drive, Houston, Texas, 77064 17100 Robison Woods Road, Cypress, Texas, 77429

Parents may choose to enroll their children at any of the three locations; however, there is a maximum number of children per campus. Enrollment is granted on a first come basis and is open to all CFISD students.

Ages: Kindergarten through 8th Grade
Cost: Regular Registration (Through March 2nd):
 \$25.00 per day non-members, \$20 per day for members of Club Rewind
 Late Registration (After March 2nd) – an additional \$15.00 per child, per day
 *Late registration is accepted only at the main Office of Community Programs through 12:00 p.m. on March 9th. Please do not submit late registrations to the Club Rewind program staff at your child's school. After 12:00 p.m. on March 9th, you may register your child at the Day Camp location of your choice, space permitting, on the day of the camp.
Deadline: March 2nd (Enrollment received after deadline is not guaranteed)
Hours: 6:15 a.m. – 6:30 p.m. *New start time

Children must bring a lunch, which does not require heating. For more information, please call (281) 807-8900.

Please return one form per child through one of these options:

- 1) Club Rewind program at your child's elementary school (before/after-regular school hours)
- 2) Office of Community Programs located at 22602 Northwest Freeway, Suite 1; Houston, TX 77429
 Hours of main office: 6:45 a.m. to 6:30 p.m. *drop box available for evenings/weekends
- 3) Mail: we cannot be held responsible for any delays

DO NOT return the form to your child's teacher or school office.

Child's Name: _____ Grade: _____ Regular School Campus: _____
 Parent's Name: _____ Home Phone: _____ DL# _____
 Cell Phone / Other Emergency Phone: _____
 Special Instructions / Needs / Allergies: _____

**If a child's needs are greater than can be met in a 1:16 (staff-to-child) ratio, Club Rewind is not a suitable option for care.

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility staff or person in charge to take my child to the closest medical facility. I give consent for this facility to secure any and all necessary emergency medical care for my child: **Signature:** _____ **Date:** _____

I recognize the parent guide is available on line at www.cfid.net and I will be accountable for all program guidelines. _____ **initials**

I recognize that if my child's behavior becomes severely disruptive or unsafe to him/herself or others, or my child does not respond to intervention, I will be called to pick him/her up immediately and will not be reimbursed. _____ **initials**

If I arrive after 6:30 p.m. to pick up my child, I recognize I will be charged a late pick up fee of \$1 per minute per child starting at 6:36 p.m. _____ **initials**

Please list all persons who are authorized to pick up your child. Your child will only be allowed to leave with the persons named. They will be required to show proof of identification. In the event of an emergency, the following persons may also be contacted:		
Name / Relationship	Driver's License	Phone Number(s)

Parent Email Address: _____ (Club Rewind will email confirmation of enrollment.)

Be sure to include a check or money order payable to: CFISD Club Rewind. A valid phone number must be listed on check.

After March 2nd, payments are non-refundable and non-transferable.

(Club Rewind Use Only, Clerk is to complete if turned in at a campus) Check # _____ Check amount \$ _____ Accepted by _____