

# Camp Greentree 2017

Greentree Christian School  
7600 Ox Road  
Fairfax Station, Virginia 22039  
703.425.3715, FAX 703.425.2985



## Application for Admission:

**Summer 2017**

Please enroll my \_\_\_\_\_ son \_\_\_\_\_ daughter \_\_\_\_\_ (full name)

Name called: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Age as of July 1, 2017: \_\_\_\_\_

Class your child is registered to attend fall 2017: \_\_\_\_\_

Program Hours are from 9:00 am-1:00 pm

Camp Days: Monday-Friday

Class: (class groups are according to the preschool or elementary classes the children will be enrolled in for the Fall of 2017)

Cost: \$100 per week, per child (no registration fee)

|                           |                              |
|---------------------------|------------------------------|
| _____ Week 1 (June 5-9)   | _____ Week 4 (July 10-14)    |
| _____ Week 2 (June 12-16) | _____ Week 5 (July 17-21)    |
| _____ Week 3 (June 19-23) | _____ Week 6 (July 31-Aug 4) |

Parents and/or Guardians: \_\_\_\_\_

Mother:  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father:  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City, State & Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ (mom)  
\_\_\_\_\_ (dad)

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contacts \_\_\_\_\_ Phone: \_\_\_\_\_  
(if parent is not available) 1. \_\_\_\_\_  
2. \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies, health considerations: \_\_\_\_\_  
\_\_\_\_\_

Has your child attended school before? \_\_\_\_\_yes \_\_\_\_\_no

Do your children attend Sunday School/CCD? \_\_\_\_\_yes \_\_\_\_\_no

If so, where? \_\_\_\_\_

Other children in your family/household:

Name: \_\_\_\_\_ age: \_\_\_\_\_

Name: \_\_\_\_\_ age: \_\_\_\_\_

Name: \_\_\_\_\_ age: \_\_\_\_\_

Further comments, suggestions, or information you feel we need to know about your child:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Office Use:*

PROGRAM FEES—

Week 1: \_\_\_\_\_ Week 2: \_\_\_\_\_ Week 3: \_\_\_\_\_ Week 4: \_\_\_\_\_ Week 5: \_\_\_\_\_ Week 6: \_\_\_\_\_