

Camp Greentree 2018

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



Summer 2018

Application for Admission:

Please enroll my _____ son _____ daughter _____ (full name)

Name called: _____
Birth date: _____ Age as of July 1, 2018: _____

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 2018)

Cost: \$125 per week, per child (no registration fee)

_____ Week 1 (June 4-8)	_____ Week 7 (July 16-20)
_____ Week 2 (June 11-15)	_____ Week 8 (July 23-27)
_____ Week 3 (June 18-22)	_____ Week 9 (July 30-Aug 3)
_____ Week 4 (June 25-29)	_____ Week 10 (Aug 6-10) *Win Shape Week
_____ Week 5 (July 2,3,5,6)	_____ Week 11 (Aug 13-17)
_____ Week 6 (July 9-13)	Week 12—No camp the week of 8/20/18

Names of Parents/Guardians: _____

Mom/Guardian: _____
Employer: _____ Occupation: _____ Work Phone: _____

Dad/Guardian: _____
Employer: _____ Occupation: _____ Work Phone: _____
(additional emergency contacts/authorized pick ups—on the reverse side)

Home Address: _____
City, State & Zip _____

Home Phone: _____ email: _____

Cell Phone: _____ (mom) _____ (dad)

Child's Physician: _____ Phone: _____

Emergency Contacts 1. _____ Phone: _____

(if parent is not available)

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: _____

To ensure your child has a fun and safe experience please share any further comments, suggestions, or information you feel we need to know about your child: (physical differences, ADHD, autism, friend groupings, etc)

Would you like to talk with our staff re: any special needs or differing abilities your camper has?
_____ yes _____ no; it is our desire to make camp a fun, safe, successful week for all of our campers.

Signature: _____ Date: _____

Office Use:

PROGRAM FEES—

Week 1: _____ Week 2: _____ Week 3: _____ Week 4: _____ Week 5: _____ Week 6: _____

Week 7: _____ Week 8: _____ Week 9: _____ Week 10: _____ Week 11: _____