

# Spirit Camps 2018

Christ Church Camps  
7600 Ox Road  
Fairfax Station, Virginia 22039  
703.425.3580, FAX 703.425.2985



## Application for Admission:

**Summer 2018**

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

Name called: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age as of July 1, 2018: \_\_\_\_\_

Grade completed: \_\_\_\_\_ School attending: \_\_\_\_\_

Program Hours are from 9:00 am-4:00 pm; extended care available (\*)

Camp Days: Monday-Friday; extended care available

Cost: \$270 per week, per child; extended care available for an additional fee\*

Please circle all options you wish to register for:

Dates:	Camp Choices:				Before Care *	After Care *
June 18-22	Indoor Games	Gymnastics/Dance	Outdoor All Sports	Art (Nature Theme)	7:00-9:00 AM	4:00-6:00 PM
June 25-29	Basketball	Circus	Soccer	Magic	7:00-9:00 AM	4:00-6:00 PM
July 2-6	Indoor Games	Gymnastics/Dance	Flag Football/ Ultimate Frisbee	Cooking	7:00-9:00 AM	4:00-6:00 PM
July 9-13	Recreational Games	Human Bubble Ball/ Inflatables	Outdoor All Sports	Zany Science	7:00-9:00 AM	4:00-6:00 PM
July 16-20	Girls Club	Ninja Warrior	Soccer	Song and Dance	7:00-9:00 AM	4:00-6:00 PM
July 23-27	Basketball	Cheer/Tumbling	Softball/Baseball	Art (Around the World Theme)	7:00-9:00 AM	4:00-6:00 PM
July 30-Aug 3	Creative Games/ Team Building	Circus	Outdoor All Sports	Drama	7:00-9:00 AM	4:00-6:00 PM
Aug 6-10	Join us for	WinShape				
Aug 13-17	Recreational Games	Human Bubble Ball/ Inflatables	Beginner Lacrosse	Art (Tie Dye Theme)	7:00-9:00 AM	4:00-6:00 PM
Aug 20-24	Basketball		Soccer	Puppet	7:00-9:00 AM	4:00-6:00 PM

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 (if parent is not available) 1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

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

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: \_\_\_\_\_