

Corning Christian Academy and Little Lambs Preschool



An eight week, summer recreation program designed just for your child.

Days are packed full of summer-time fun! Older children will take trips to the local public pool and Fridays are the exciting finale of each week's theme.

Outdoor water play, field trips, guest speakers, games, and theme related crafts are all part of the summer program.

June 24-August 16, 2019
7:30am-5:30pm

Ages 3 yrs. - Grade 6

11 Aisne Street, Corning, NY 14830
(607)962-4220

Weekly Themes

June 24 - 28	"Welcome to Summer"
July 1 - 5 (closed Thursday, 7/4)	"Stars and Stripes"
July 8 - 12	"Ahoy, Matey"
July 15-19	"How Does Your Garden Grow?"
July 22-26	"Animal Planet"
July 29- August 2	"Beach Blast"
August 5-9	"Under the Big Top"
August 12-16	"We All Scream for Ice Cream!"

*Program availability is subject to minimum enrollment of 20 students

**Themes are subject to change due to unforeseen circumstances. Prices include all activities and supplies.

Summer 2019 Tuition Rates

A \$35.00 non-refundable fee per child is due with the VIP registration.

CCA/LL Students

7:30am-5:30pm

\$185/week for one child

\$275/week for two children*

\$334/week for three children*

9:00am-3:00pm

\$137/week for one child

\$229/week for two children*

\$289/week for three children*

General Public

7:30am-5:30pm

\$218/week for one child

\$305/week for two children*

\$370/week for three children*

9:00am-3:00pm

\$163/week for one child

\$255/week for two children*

\$315/week for three children*

*must all be in one family

These prices include snacks, crafts, field trips, transportation, and swimming costs.

Core program time is 9:00am-3:00pm. Students may be dropped off beginning at 7:30 and *must* be picked up by 5:30pm.



Entrance Requirements:

- *Must be 3 years old by June 1
- *Must be *fully* toilet trained
- *Parents or legal guardians must sign a permission slip granting permission to participate in summer activities and receive emergency medical care if necessary.
- *Immunization record required
- *\$35.00 non-refundable registration fee per child

What to Bring Everyday:

(All labeled with child's name)

- *Lunch with drink
- *Extra change of clothes
- *Towel and swimsuit
- *Water bottle
- *Sunscreen

At Corning Christian Academy and Little Lambs Preschool every child is a Very Important Person!



Other Ministries of CCA:

Little Lambs Preschool, located at 11 Aisne St., Corning, NY, offers a traditional preschool with flexible hours and extended care options.
7:30am-5:30pm.

Elementary, Middle and High School also located at 11 Aisne St., Corning, NY

After school Club House for grades K-6, 2:45pm-5:30pm
(CCA students only)

Corning Christian Academy
VACATION INSTRUCTION PROGRAM
Registration/ Medical Form 2019
11 Aisne St. Corning, NY 14830
(607) 962-4220

Child's Name: _____ M ___ F ___ D.O.B. _____

Allergies: No ___ Yes ___ To What? _____

Physical Needs: _____ Swimming Ability: Non ___ Beginner ___ Confident ___

Grade Entering in Fall 2019: _____

Enrolled at CCA/Little Lambs for 2019/2020 school year ___ Yes ___ No

T-Shirt size (please circle): YXS YS YM YL S M L XL

Mother's Name: _____ Father's Name: _____

Home Address: _____

Mother's Employer: _____ Father's Employer: _____

Work Phone# _____ Work Phone # _____

Cell Phone # _____ Cell Phone # _____

Primary Email: _____

Lives with: Both Parents ___ Father ___ Mother ___ Guardian ___ Other ___

EMERGENCY INFORMATION: VIP authorities are very concerned with the safety of your children as they attend VIP. Please complete the section below, providing us with the necessary information to obtain prompt medical care in case of emergency. If your child becomes ill and we are unable to reach you, we must have the name of a relative or friend with a telephone and available transportation who would pick up and take care of your child.

Name _____ Relationship _____ Phone _____

Injury and Accident Waiver:

1. I/We give permission for my child to take part in all VIP activities, including sports and VIP sponsored trips away from school grounds. If my child becomes seriously ill or injured while under VIP supervision, I approve VIP authorities to take the following steps:

- Contact a parent/guardian or emergency contact
- If contact cannot be made with them, contact the student's physician

Physician's name _____ Phone _____

- If the student's physician cannot be reached, VIP authorities will use their own discretion in contacting appropriate emergency medical services.

2. I/We will be responsible for any medical expense incurred by my child.

- Insurance Name _____ ID# _____

3. I/We agree to relieve the school board and VIP employees from any liability in connection with these activities and instructions.

By the signature(s) below, I/we signify agreement with all of the above and certify that all information is true and correct to the best of my knowledge.

Parent/Guardian

Date

Please turn over.....

SPACES ARE LIMITED!

REGISTER EARLY!

A \$35.00 non-refundable fee is due with each registration.

Please circle weeks and sessions that your child plans to attend.

Payments are due at the beginning of each week.

1 = 7:30am-5:30pm

2 = 9:00am-3:00pm

Week	Dates	Session	
		7:30am-5:30pm	9am-3pm
Week 1	June 24 - June 28	1	2
Week 2	July 1 -5 (closed Thursday, 7/4)	1	2
Week 3	July 8 -12	1	2
Week 4	July 15-19	1	2
Week 5	July 22-26	1	2
Week 6	July 29-August 2	1	2
Week 7	August 5-9	1	2
Week 8	August 12-16	1	2

VIP Walking Field-Trip Permission Slip

Occasionally, our classes take advantage of the near-by parks and recreational facilities, including the Corning Museum of Glass, the fountain at Center Way, and Houghton Park. These trips are sometimes at the spur of the moment, depending on the day's weather. In such situations, we would like your permission for your child to walk with their class.

I hereby grant permission for _____

to go on walking fieldtrips with their teacher and other classmates.

Parent/Guardian Signature

Date



Please turn over.....

VIP Transportation Field-Trip Permission Slip

Occasionally, our classes take advantage of learning experiences offered by area businesses in the form of a field trip. Some of these opportunities require the transporting of students to and from, via staff members or parent drivers. In such situations, we would like your permission for your child to be transported by a staff member or parent driver.

I hereby grant permission for _____

to be transported by a VIP staff member or parent driver
for the purpose of field trips during VIP.

Parent/Guardian Signature

Date

