



A summer childcare program designed just for your family.

*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 23, 2024
7:30am-5:30pm*

Ages 3 yrs. - Grade 5

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

Weekly Themes

June 24 - 28

"School's Out!"

*July 1 - 5
(closed July 4)*

"Summer Blast Off"

July 8 - 12

"The Great Outdoors"

July 15 - 19

"Around the World"

July 22 - 26

"Animal Planet"

July 29 - August 2

"Dino Discovery"

August 5 - 9

"Lego Mania"

August 12 - 16

"Under the Big Top"

August 19 - 23

"We All Scream for Ice Cream!"

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

Summer 2024 Rates

*Non-Refundable registration fee: \$35
(\$25 if paid prior to June 1)*

7:30am - 5:30pm

*\$275/week for one child
Each additional child
\$225/week**

9:00am - 3:00pm

*\$200/week for one child
Each additional child
\$175/week**

**must all be in one family*

Weekly enrollment must be communicated in advance and fees paid the week prior to attending, no later than Thursday of the preceding week.

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.



At Corning Christian Academy
every child is a
Very Important Person!

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 (\$25 if paid by 6/1)*

What to Bring Everyday:

(All labeled with child's name)

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



Corning Christian Academy

Serving preschool through 12th grade, providing a challenging, Christ-centered curriculum.



Corning Christian Academy
VACATION INSTRUCTION PROGRAM
Registration/ Medical Form 2024
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 2024: _____

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 physicianPhysician'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. (\$25 if paid prior to June 1st)

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

WEEKLY ENROLLMENT MUST BE COMMUNICATED IN ADVANCE AND FEES PAID THE WEEK PRIOR TO ATTENDING, NO LATER THAN THURSDAY OF THE PRECEDING WEEK.

1=7:30am-5:30pm

2 =9:00am-3:00pm

<i>Week</i>	<i>Dates</i>	<i>Session</i>	
		<i>7:30am-5:30pm</i>	<i>9am-3pm</i>
<i>Week 1</i>	<i>June 24 - 28</i>	<i>1</i>	<i>2</i>
<i>Week 2</i>	<i>July 1 - July 5 (closed July 4)</i>	<i>1</i>	<i>2</i>
<i>Week 3</i>	<i>July 8 - 12</i>	<i>1</i>	<i>2</i>
<i>Week 4</i>	<i>July 15 - 19</i>	<i>1</i>	<i>2</i>
<i>Week 5</i>	<i>July 22 - 26</i>	<i>1</i>	<i>2</i>
<i>Week 6</i>	<i>July 29- August 2</i>	<i>1</i>	<i>2</i>
<i>Week 7</i>	<i>August 5 -August 9</i>	<i>1</i>	<i>2</i>
<i>Week 8</i>	<i>August 12 - 16</i>	<i>1</i>	<i>2</i>
<i>Week 9</i>	<i>August 19 - 23</i>	<i>1</i>	<i>2</i>

Corning Christian Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available in our school.

VIP Walking Field-Trip Permission Slip

Occasionally, our classes take advantage of the nearby 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

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/CCA staff member or parent driver
for the purpose of field trips during VIP.

Parent/Guardian Signature

Date