

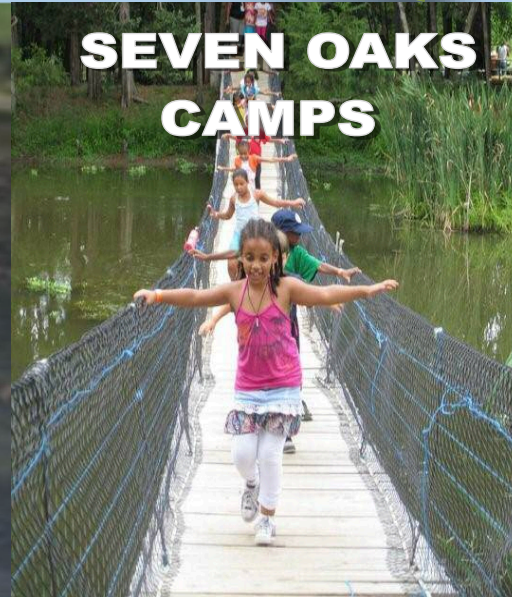
SOA CAMPS..... A GREAT PLACE TO ENJOY TIME OFF FROM SCHOOL



CAMP THEMES

- Kingdom Chronicles
- Superheroes
- Rock Stars
- Desert Oasis
- Ancient Egypt
- Treasure Hunters
- Survivor
- The Mighty Jungle
- Island Explorers
- Hawaiian Hullabaloo

Academic Enrichment Program; Math, Science, Language, History



SEVEN OAKS CAMPS

NO CHILD LEFT INSIDE

SEVEN OAKS ACADEMY

703-490-3546

SEVENOAKSVA2.COM

CORNERSTONE KID CAMP @ SEVEN OAKS, APPLICATION

Complete the application and mail or bring to Seven Oaks Academy, 14621 Jefferson Davis Hwy, VA, 22192 or Fax applications to 703 494-1322 or scan and EMAIL TO 7oaksacademy2@gmail.com.

To begin Summer Camp on Monday, June 19, child must be registered before 4:00 p.m. on Friday, June 16, 2017.

Registration is on a first come, first serve basis; spaces are limited & a nonrefundable registration is required

Age 5 and up & must have completed **public Kindergarten to be considered in 6+ groups for field trips**

1. Child's name: _____ DOB _____ Age _____ Grade (Completed Jun '17) _____ T-shirt size Child S M L Adult S M L

2. Family Address: _____

(number and street) (city) (state) (zip)

e-mail Address _____ Cell Phone _____

3. Does your child have special needs? Yes _____ No _____ if yes please call (703) 490-3546 to discuss the application process for children with special needs so we may determine how we might best meet your child's needs.

4. My child attended the 2016-17 School Year program at _____ School/Child Care Facility

5. I request Summer Camp **Cornerstone Christian Academy, Featherstone Seven Oaks, Manassas Seven Oaks, Cornerstone Academy Day Center**, (circle one)

6. My child is registered to attend Summer School at _____ Elementary School.

7. Parent/Guardian: _____ e-mail: _____ Home Phone: _____ Work Phone: _____

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8. Enclosed is a check/money order payable to **Cornerstone Kid Camp** in the amount of \$ _____ for a deposit

and application fee for my child(ren) to attend Cornerstone Kid Camp. I understand that this fee is **non-refundable**. I understand that a **minimum of seven full weeks enrollment** is required; that all **schedule changes** must be made **in advance, in writing** to the Seven Oaks office and that I am responsible for the full weeks' tuition if I do not submit written schedule changes in advance. If less than the required four weeks of Summer Camp is left at registration, I will register my child for **all remaining weeks** of camp. I understand that this application is not complete without my signature and will be returned to me if I have not completed all spaces and signed below.

EARLY REGISTRATION FOR SUMMER CAMP—\$50.00 DISCOUNT ON REGISTRATION FEE PAID PRIOR TO MAY 1, 2017

9. Parent/Guardian Signature _____ Date _____

SOA ONLY Weekly Summer Camp Fee Age 4-5 (\$175.00) Regis Fee \$95.00 / Weekly Camp Fee age 6+ (\$135.00) Regis Fee \$135.00

DAILY DROP IN RATE OF \$35.00 PER DAY

www.sevenoaksva2.com

703-490-3546 for more information

Office Use Only

Received ☺ Shot Record _____, Physical _____, Birth Record _____, Regis Fee _____, Permissions _____, Booster Seat (if needed) _____

Please check weeks requested for attendance

WINTER CAMP 12/26-12/30

SPRING CAMP 3/26-3/30

SUMMER CAMP

6/19- 6/23

6/26- 6/30

7/3- 7/7

7/10- 7/14

7/17- 7/21

7/24- 7/28

7/31-8/4

8/7- 8/11

8/14- 8/18

8/21- 8/24

Seven Weeks Are Required For Camp. The Weeks Do Not Have To Be Consecutive

