

# Everyday Magic Child Development Center

## Summer Workshops

A program to encourage creative expression in children and youth, grades K-8

Our caring and experienced staff are trained in child development and the arts. We make summer fun and exciting with the most creative curriculum. Children have a great time while building skills and having an abundance of materials. We set up environments to encourage their participation through discovery.

*CIT Program - Returning middle or high school campers may earn community service hours while they learn to be a counselor in training. These students attend at 1/2 price! They may also be eligible for hire in the program once their training is completed.*

Workshops will be held at **Dianne Feinstein Elementary School, 2550 25th Ave., S.F.**  
Each session will be Mon. - Fri. 9:00AM - 4:00PM. Students need to bring a coat and bag lunch.  
Extended care is available from 8:00AM - 9:00AM and 4:00PM - 6:00PM for an additional \$50 per week.

**The fee is \$220 for each week.**

**To Register** for classes please mail this form and fees **by May 14th, 2009** payable to: **Everyday Magic** P.O. Box 320026, SF, Ca. 94132. Fees are refundable @ 50% only with written notice four weeks prior to session date. Students are registered on a first come first serve basis. Space is limited. You will receive confirmation of enrollment in the mail.

Student's Name \_\_\_\_\_ School \_\_\_\_\_ Birthday \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Zip \_\_\_\_\_ Email \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ wk/cell \_\_\_\_\_ Phone \_\_\_\_\_ wk/cell \_\_\_\_\_

In an **emergency** please contact the following people if I cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Insurance carrier is \_\_\_\_\_ policy # \_\_\_\_\_

I give my permission for my child to walk or travel by public or private transportation on field trips. In the event of an emergency I give my consent for my child to receive medical treatment.

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

**Student Records** are confidential. Does your child receive any special services from school? If so what are they?

Please tell us about any special needs your child has so we may better meet their needs.

Is your child on medication? If so, please list.

### Schedule

I have enclosed \$ \_\_\_\_\_ Counselor in training, CIT \_\_\_\_\_  
Workshop \_\_\_\_\_ Week \_\_\_\_\_ Workshop \_\_\_\_\_ Week \_\_\_\_\_  
Workshop \_\_\_\_\_ Week \_\_\_\_\_ Workshop \_\_\_\_\_ Week \_\_\_\_\_  
Workshop \_\_\_\_\_ Week \_\_\_\_\_ Workshop \_\_\_\_\_ Week \_\_\_\_\_

I need **Extended Care** @ \$50.00 per week. I have enclosed \_\_\_\_\_ for the week(s) of \_\_\_\_\_