



Child Development Center
Ph. 415-681-9168
FAX 415-759-0957

220 Middlefield Drive, P.O. Box 320026, San Francisco, CA 94132
Non-Profit Tax ID #94-3175969 E-mail: Everydaymagicinc@aol.com
www.everyday-magic.org

Spring Camp March 29-April 2

**Join us for a variety of movement, arts and crafts, science exploration, and cooking.
We will have something for everyone's interest.**

Our caring and experienced staff members are trained in child development and the arts. We make spring 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.

Workshops will be held at **Lakeshore Elementary School**, 220 Middlefield Dr., S.F. 415-681-9168

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 4:00 PM - 6:00 PM for an additional \$50 per week.

The fee is \$200 for each week

To Register : Please mail this form and fees **by Mar.3, 2010** payable to: **Everyday Magic** P.O. Box 320026, SF, Ca. 94132. Fees are refundable @ 50% only with written notice three 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. **Scholarships are available, please call to apply.**

Student's Name _____ School _____ Room _____ Birthday _____

Parent/Guardian Names _____

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, list.

I have enclosed \$ _____