



Teacher Work Days 2018 - 2019

Application Form

Student's Name _____ Boy _____ Girl _____ Age _____

Parents' Names _____

Address _____ E-Mail _____

Home # _____ Work # _____ Cell # _____

Choose the dates, Half-Day: circle Morning or Afternoon, or choose Full-Day:

Fall 2018

Wednesday, September 19: Morning 9:00-1:00 or Afternoon 1:00-5:00 \$50 _____

Full-Day \$90 _____

Tuesday, November 6: Morning 9:00-1:00 or Afternoon 1:00-5:00 \$50 _____

Full-Day \$90 _____

Monday, November 12: Morning 9:00-1:00 or Afternoon 1:00-5:00 \$50 _____

Full-Day \$90 _____

Wednesday, November 21: Morning 9:00-1:00 or Afternoon 1:00-5:00 \$50 _____

Full-Day \$90 _____

Winter 2019

Monday, January 21: Morning 9:00-1:00 or Afternoon 1:00-5:00 \$50 _____

Full-Day \$90 _____

Tuesday, January 28: Morning 9:00-1:00 or Afternoon 1:00-5:00 \$50 _____

Full-Day \$90 _____

Monday, February 18: Morning 9:00-1:00 or Afternoon 1:00-5:00 \$50 _____

Full-Day \$90 _____

Friday, March 22: Morning 9:00-1:00 or Afternoon 1:00-5:00 \$50 _____

Full-Day \$90 _____

Spring 2019

Friday, April 19: **NO CAMP**

Monday, May 27: **NO CAMP**

Spring Break Camps

Short Spring Break Camp for CHCS

March 25-29 (5 days)	Half Day 9:00-1:00	5 Half-Days	\$250 _____
	Full Day 9:00-5:00	5 Full-Days	\$500 _____
		Total Balance	\$ _____

Total Balance must be paid the day of the camp - Check should be made out to: Cely's House

Cely Chicurel, Instructor (919-225-7349)
115 Dixie Drive - Chapel Hill, NC 27514
www.celyshouse.com

**Cely's House Teacher Work Day
2018**

Student Information

Name of Child: _____

Date of Birth: _____ Boy _____ Girl _____

School: _____ Grade 2016-17: _____

Parent(s) or Guardian(s): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number:

Home _____ Cell _____ Work _____

Email: _____

Emergency Contact: _____ Phone: _____

Are there any allergies or adverse reactions to anything that we ought to be aware of? _____

If, Yes, please describe: _____

Medical and Liability Release Statement

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached in an emergency, I give my permission to the EMS, physician, or dentist selected by the Cely's House to hospitalize, secure medical treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for the child will be used as the primary coverage in the event medical intervention is needed.

I understand all reasonable safety precautions will be taken at all times by Cely's House and its agents during all the events and activities offered at Cely's House. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Cely's House, its directors, staff, and volunteer helpers liable for damages, losses, or injuries incurred by the subject of this form.

Circle permission:

I grant / I do not grant to Cely's House permission to administer any minor First-Aid (antiseptic spray, cream, bandage) or major emergency care (splints, dressings, CPR) to above named child.

Parent / Guardian Signature: _____

Print Name: _____ Date: _____