



## SUMMER CAMP REGISTRATION FORM 2018

Child's Name: \_\_\_\_\_

Please select which camp: \_\_\_\_\_ Camp Chipmunk (ages 3-6) \_\_\_\_\_ Camp Explosion (ages 6-13)

Age as of June 2018: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

Please list any allergies or medical conditions your child suffers from:

\_\_\_\_\_

	Parent/Guardian	Parent/Guardian
Name/Relation		
Address		
Cell Phone		
Home Phone		
Work Phone		
Email Address		

Emergency Contact/Authorized to pick up (in addition to parents/ guardians listed above)

Name/ Relation: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name/ Relation: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name/ Relation: \_\_\_\_\_ Phone#: \_\_\_\_\_

Summer Camp Weeks: (Please check weeks child will be attending camp)

\_\_\_ June 11 – June 15      \_\_\_ July 9 – July 13      \_\_\_ July 30 – Aug. 3

\_\_\_ June 18 – June 22      \_\_\_ July 16 – July 20      \_\_\_ Aug. 6 – Aug. 10

\_\_\_ June 25 – June 29      \_\_\_ July 23 – July 27      \_\_\_ Aug. 13 – Aug. 17

\_\_\_ July 2 – July 6 \*camp closed on July 4<sup>th</sup>

I agree to pay camp fees on or before the Friday prior to week attending. I understand no fees will be refunded or transferred unless a child is unable to attend due to an accident or illness per physician orders. I understand any scheduled events are subject to change. I understand All Angels Academy is not responsible for lost or damaged personal property. I understand my child's photos and/or quotes may be used for publicity purposes. If parent/guardian or emergency contact cannot be reached, I authorize my child to be treated by Certified Emergency Personnel. I understand that the school reserves the right to terminate the enrollment of any child if, in the opinion of the camp director and/or counselors, continued attendance would not be in the best interest of either child or camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_