

# Spring Break Camp

(PLEASE PRINT ALL INFORMATION)

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

SCHOOL PARTICIPANT ATTENDS: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT NAME (must differ from above): \_\_\_\_\_

EMERGENCY CONTACT PHONE (must differ from above): \_\_\_\_\_

Please add any other information you would like us to know (*Allergies, etc.*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**\*\*LATE PICK UP POLICY\*\*:**

Any student picked up past the 5:30 pickup time will be charged a \$10.00 late fee per 15 minutes minutes & will not be able to return to camp until the late fee is paid.

By signing below, the parent/guardian acknowledges this policy and agree's to adhere to the policy.

PARENT/GAURDIAN SIGNATURE: \_\_\_\_\_

*\*\*for office use only\*\**

Receipt #: _____	Amount: _____	Received by: _____
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