

BRCVPA SUMMER CAMP REGISTRATION FORM 2016

If you would like to reserve a spot for your child or children in our 2016 Summer Enrichment Camp, please complete this form for each child and turn it in with the \$50 registration fee by April 15, 2016.

PLEASE PRINT:

Child's Name: _____ Grade (2016-2017): _____

Home Address: _____ City: _____ Zip: _____

Mother's Name: _____ Cell: _____

Mother's Work #: _____ Email: _____

Father's Name: _____ Cell: _____

Father's Work #: _____ Email: _____

My child may be released to the person(s) signing this agreement or to the following:
(A picture ID will be required for anyone other than yourself picking up your child.)

Name: _____ Relationship to Parent: _____

Phone number: _____

Name: _____ Relationship to Parent: _____

Phone number: _____

EMERGENCY CONTACTS (other than parents/guardian)

#1 Name: _____ Phone Number: _____

#2 Name: _____ Phone Number: _____

#3 Name: _____ Phone Number: _____

Please list any persons NOT allowed to pick up your child.

My child is currently on medication(s): _____

My child has the following special needs: _____

My child's shirt size is (circle one): YXS YS YM YL AS AM

My child will participate in (circle one):

Session 1 (\$432)

Session 2 (\$252)

Both (\$615)

Weekly (\$120/week)

Amount enclosed: _____

Cash

Check

Money Order