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## Summer Camp Registration

Child's Full Name: \_\_\_\_\_ Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Person(s) to be notified in case of emergency when parent cannot be reached & relationship and can pick up student from camp.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell#: \_\_\_\_\_

Does the child have any **allergies**? \_\_\_\_\_ If Yes, describe: \_\_\_\_\_

Does the child have any **medical restrictions** that would affect participation in camp? \_\_\_\_\_

If Yes, describe: \_\_\_\_\_

**(Please be advised that staff is not authorized to dispense any medication)**

I approve Minor Achievements to take photographic and video images of participants for class activities and projects. Sign: \_\_\_\_\_

I approve Minor Achievements to take photographic and video images of participants for educational, marketing and advertising purposes. Sign: \_\_\_\_\_

Please List all additional individuals who may pick up my child from camp:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell#: \_\_\_\_\_

**About Your Child:**

Does your child use the bathroom independently? Yes \_\_\_\_ Mostly \_\_\_\_ No \_\_\_\_ If no, please tell us the supports needed \_\_\_\_\_

Child's Interests? \_\_\_\_\_

Child's Strengths? \_\_\_\_\_

Challenges / Areas for Improvement? \_\_\_\_\_

(Optional) Does the child have an IEP (Individualized Education Plan) at school? Yes \_\_\_\_ No \_\_\_\_  
If yes, additional information for learning strategies: \_\_\_\_\_

**Scholarships:** Full or partial scholarships may be available. If you are interested in scholarships, please let us know your interest and how much you can pay per week. (Scholarship amount may not cover the difference, but we will do our best for every child to have the opportunity to attend.) \_\_\_\_\_

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



<b>Camp Fees</b>	
Total camps:	_____
Total costs for camps:	_____
Additional Fees:	_____
<input type="checkbox"/> Private Pay	<input type="checkbox"/> VPK SIS <input type="checkbox"/> Other
Paid:	_____ Date: _____