



MINOR ACHIEVEMENTS

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

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 individuals who may pick up my child from camp:

Primary Individual: _____

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.) E-mail Lori@minorachievements.com for more information. _____

Parent / Guardian Signature: _____ Date: _____

Camp Attending (Mark all that apply):

- Week 1: June 2-6
- Week 2: June 9-13
- Week 3: June 16-20
- Week 4: June 23-27
- Week 5: June 30 – July 3
- Week6: July 7-11
- Week 7: July 14-18
- Week8: July 21-25



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