



The Actions Begins...
June 4, 2010
9:00 – 3:30

CAMPER INFORMATION:

Camper Name: _____

Male Female

D.O.B. ___/___/___ Grade _____ School: _____

FAMILY INFORMATION:

Parent/Guardian: _____

Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____

Email Address: _____

EMERGENCY CONTACT INFORMATION:

Must have information for emergency contact if parent(s) cannot be reached (please print clearly):

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

DAY CAMP: (Make checks payable to Kristy Graham)

June 4 Day Camp . . 4th-6th Grades . . 9:00-3:30 Price: \$35

PHOTO CD – Part of the camp price will include a CD with projects the students have completed during the day. The extra price is for a photo CD with pictures of the days' activities.

Photo CD (optional) Price: \$5

Please complete application on reverse side

In the signing of this application form, parents accept the following statements:

- I authorize permission for my child to access the internet while under adult supervision.
- I authorize permission to use photos and/or videos of my child's participation for the newspaper and school website.
- I understand that the registration fee made payable to Kristy Graham must be submitted with each child's application and will be applied to tuition but not refunded.
- I understand that my child will arrive at 9:00 a.m. and will be picked up promptly at 3:30 p.m. on the day of the camp.
- I understand that payment of tuition must be paid in full by **June 2, 2010**.

Signature _____

Date _____