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Christian Arts & Music Program REGISTRATION FORM

Family Discount
\$25/camper in same family

Paid in Full by 7/1/10 \$425.00 (each additional child in same family: \$400)
 Paid in Full after 7/1/10 \$525.00 (each additional child in same family: \$500)

CAMPER INFORMATION ___Add'l Family members attending

Last Name **First Name** **M.I.**

Street Address **City** **State** **Zip Code**
 _____ / ____ / ____

Grade (Fall '10) **School Name (Fall '10)** **Age** **Birth date**
 (____) - _____ @ _____ .

Home Phone **Email - please print clearly**

(____) - _____	(____) - _____	T-shirt Size Child ___Sm ___Med ___Lg ___XL Adult ___Sm ___Med ___Lg ___XL
Mother's Daytime Phone	Father's Daytime Phone	
Mother's Name (____) - _____	Father's Name (____) - _____	
Mother's Cell Phone	Father's Cell Phone	

PAYMENT INFORMATION * (Total Camp Fees include the deposit)

First Camper in Family	Total Due (This Camper)
___ Paid in Full by 7/1/10 \$425.00	Tuition \$
___ Paid in Full after 7/1/10 \$525.00 (includes \$75 lab fee)	Extended hours \$
Additional Camper in Family	Total \$
___ Paid in Full by 7/1/10 (each additional child in same family: \$400)	Deposit * \$ 75.00
___ Paid in Full after 7/1/10 (each additional child in same family: \$500) (includes \$75 lab fee)	<i>Non-refundable Deposit is applied to fee</i>
Extended Hours	Balance \$
___ Before \$30/week ___ After \$30/week ___ Both \$50/week	Check Number

I give my permission for the child named above to attend this camp. I agree that my child will follow policies established for the safety and well being of my child. I further agree to make payments in the full amount as listed above. I understand that the deposit required with this application is not re-fundable unless the camp is cancelled for whatever reason.

By signing this form I give permission to the CCC to use any photographs, video or audio recordings for the purpose of advertising or promoting the camp. I will not receive any compensation for said use.

Mother's (Guardian) Signature _____ Date _____ Father's (Guardian) Signature _____ Date _____

<i>Office Use Only</i>	<i>Office Use Only</i>
Family Total # Campers _____	Camp Registration Number _____

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Christian Arts & Music Program MEDICAL RELEASE/HEALTH INFORMATION

Please complete one Medical Release/Health Information Form for each camper
This form must accompany every application - applications will not be considered complete without

Name of Camper: _____

Date of Birth: _____ / _____ / _____ Age: _____
Month Day Year

Emergency Contact: _____ Phone: _____ - _____

Family Physician: _____ Phone: _____ - _____

Health Insurance Information

Please print clearly

Name of Insured: _____ Relationship: _____

Employer: _____ Address: _____

Primary Insurance Company: _____

I.D. Number: _____ Group Number: _____

Secondary Insurance Company: _____

I.D. Number: _____ Group Number: _____

I hereby give my permission to the Community Christian Choir to seek emergency medical assistance for my child

_____ in the event of a medical emergency.

(Full name of child)

I also grant my permission to the hospital/doctors to treat the child named above in the event of a medical emergency for which I cannot be contacted.

Effective Date of Permission: ___/___/___ to ___/___/___

Parent/Guardian Signature: _____ Date: ___/___/___

Allergies/Medications

Please list all allergies: _____

Please list all medications: _____
