Summer Camp 2017 Registration Form

Parent/Guardian Information

Parent/Guardian First Name:

Parent/Guardian Last Name:

Email:

Primary Phone: Secondary Phone:

Home Street Address:

City: State: Zip Code:

Student Information

Student First Name:

Student Last Name:

Gender: Male   Female

Date of Birth:

School Name:

Grade in Fall 2016:

Student Medical Information

Physician Name:

Physician Phone:

Allergies:

Medication:

Medication Reason:

Emergency Contact - *Enter individual(s) other than yourself*

First Name:

Last Name:

Primary Phone: Secondary Phone:

Relationship to Camper:

Authorized for Pickup   - *Enter individual(s) other than yourself*

First Name:

Last Name:

Primary Phone: Secondary Phone: -

Relationship to Camper:

Additional Questions

How did you hear about us?

I give permission to use images and/or words of my child in promotional materials and news stories.

         Yes   No

<u>Session/Course Registration</u>

Weekly Session/Course Name	Start Date (mm/dd/yy)	Start Time (9am or 1pm)	Cost
Total Amount			
Subtract Early Bird Discount (before 4/1 - $20/session)			
Subtract AM-PM Discount ($100 a week) (AM&PM sessions for same week and same camper)			
Subtract Discount Code (enter code)			
Amount Due			
Subtract Amount Paid			
Outstanding Amount (due on May 15)			

<u>Payment Information</u>

I agree to pay $ o   (today date)& the outstanding amount $ ˙˙˙on May15.

Check one:

    Cash   Check#   (payable to Computer Adventures)

    Visa   Mastercard   Discover   AMEX

Credit Card #:

Expiration Date: Verification Code (CVC):

Name on Credit Card:

Billing Street Address:

City: State: Zip Code:

Phone number:

Signature: