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Christian Music Program REGISTRATION FORM

Family Discount

Deduct \$25 for each add'l child in a family attending

- Full Day Camp (Mon - Fri/8:30 - 3:30) 7/05/10 - 7/16/10 \$325 (2 wks)
 - AM Session Only (8:30 am - 12:30 pm) - Theater \$225 (2 wks)
 - PM Session Only (1:15 pm - 3:30 pm) - Art \$175 (2 wks)
- See below for additional details*

Add'l Family attending

CAMPER INFORMATION

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		
Mother's Daytime Phone		Father's Daytime Phone		
Mother's Name		Father's Name		
Mother's Cell Phone		Father's Cell Phone		

T-shirt Size

Child
 ___Sm ___Med ___Lg ___XL

Adult
 ___Sm ___Med ___Lg ___XL

PAYMENT INFORMATION

<u>Early Registration by 6/1/10</u>		Total Due (This Camper)	
___ Full Day	7/05/10 - 7/16/10	\$325 (includes \$50 materials fee)	Tuition \$ _____
___ AM Only	7/05/10 - 7/16/10	\$225 (includes \$30 materials fee)	Extended hours \$ _____
___ PM Only	7/05/10 - 7/16/10	\$175 (includes \$30 materials fee)	Total \$ _____
<u>Registration after 6/1/10</u>			Deposit \$ <u>75.00</u>
___ Full Day	7/05/10 - 7/16/10	\$400 (includes \$50 materials fee)	<i>Non-refundable</i>
___ AM Only	7/05/10 - 7/16/10	\$300 (includes \$30 materials fee)	Balance \$ _____
___ PM Only	7/05/10 - 7/16/10	\$250 (includes \$30 materials fee)	Check Number _____
<u>Extended Hours</u>			
___ Before \$30/week	___ After \$30/week	___ Both \$50/week	
Before Care: 7:30 - 8:30 am		After Care: 3:30 - 5:30 pm	

I give my permission to the Community Christian Choir (CCC) to use the name/photograph/video or audio taping of the camper named above for promotional materials for this and future camps. This will include any promotional material developed by CCC. I waive my right to review and approve each release and hereby release the Community Christian Choir from any liability should this be necessary.

_____ Mother's (Guardian) Signature Date	_____ Father's (Guardian) Signature Date
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<i>Office Use Only</i>	<i>Office Use Only</i>
Family _____ Total # Campers _____	Camp Registration Number _____

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Christian 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 it

Name of Camper: _____

Last Name

First Name

M.I.

Date of Birth: ____/____/____ Age: ____

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: _____
