

SUMMER PROGRAM 2012

REGISTRATION FORM

PALMETTO CAMPUS

DATE OF APPLICATION: _____ (FORMS DUE MARCH 2ND)

CAMPER'S LAST NAME: _____ CAMPER'S FIRST NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CAMPER'S DOB: _____ SEX: M F

PARENT'S NAME: _____ PHONE: _____

PARENT'S E-MAIL: _____

PARENT'S NAME: _____ PHONE: _____

PARENT'S E-MAIL: _____

EMERGENCY CONTACT NAME & NUMBER: _____

YOUTH T-SHIRT SIZE: 3T 4T YS YM YL

The following people have permission to sign out my child/children:

NAME: _____ RELATION TO CHILD: _____

NAME: _____ RELATION TO CHILD: _____

NAME: _____ RELATION TO CHILD: _____

Is there anyone who is not allowed to pick up your child/children? YES NO

NAME: _____ RELATION TO CHILD: _____

Summer Program Options (4-week sessions):

*Doors open at 8:00 AM. Half Day until 12:00 PM, Full Day until 3:00 PM and After Camp Care until 5:30 PM.

*Please include a \$200 deposit with this registration form.

Session 1 – June 4 – June 29

FULL DAY (\$700)

HALF DAY (\$600)

AFTER CAMP CARE (\$200)

Session 2 – July 9 – August 3

FULL DAY (\$700)

HALF DAY (\$600)

AFTER CAMP CARE (\$200)

SIGNATURE OF PARENT: _____ DATE: _____

SUMMER PROGRAM 2012
MEDICAL FORM
PALMETTO CAMPUS

CAMPER'S LAST NAME: _____ CAMPER'S FIRST NAME: _____

MEDICATIONS: _____

ALLERGIES: _____

ANY ADDITIONAL INFORMATION: _____

PREFERRED PHYSICIAN: _____ PREFERRED HOSPITAL: _____

PERMISSION FORM

Picture Use Permission Form – (One camper per form)

The Sundrops Group, LLC has permission to use photographs/video images of my child for publicity purposes, including but not limited to use on the Sundrops website and in printed materials.

SIGNATURE OF PARENT: _____ DATE: _____