



---

## Summer Camp Enrollment Form 2017

**Camp Fees:** Rates vary depending on the camp week (see fact sheet).

**Registration Fee:** \$25 per student

A one-time \$25 registration fee is due at the beginning of the month along with your tuition. Your non-refundable registration fee may be pre-paid to secure your child's space for the summer.

### Payments

Payments must be paid in full before the first day of camp. If your child will be in camp for more than 1 week, calculate the total weekly rates and make a full payment by July 3<sup>rd</sup>. Weekly payments will not be accepted for students attending camp for 2 or more weeks.

Name of Child: \_\_\_\_\_ Gender: ( ) M ( ) F

DOB: \_\_\_\_\_ (mm/dd/yyyy) Address: \_\_\_\_\_

Mother's Name (or guardian): \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name (or guardian): \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Status of Child's Parents: (Circle) Married Separated Divorce Single

(if there are any custody issues or concerns we need to be aware of, please attach court papers)

**In case of emergency, when we can't reach a parent, please list two numbers for two contacts**

Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Number: \_\_\_\_\_



Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Number: \_\_\_\_\_

Your Child's Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Authorized Release of Child

Under no circumstance will the Center release a child to anyone not identified below or not otherwise known to staff (parent/guardian) without specific written authorization from the parent or guardian. These persons will also be contacted if the parent cannot be reached during the school day if the child needs to be picked up for any reason. Any additions or changes should be made immediately in writing. Any such authorized persons may be required to show I.D.

Name: ..... Phone: ..... Relationship: .....

Name: ..... Phone: ..... Relationship: .....

Name: ..... Phone: ..... Relationship: .....

### Photo Release:

I permit my child's images to be used in the Creative Arts Center promotional materials (please check):  YES  NO (your child's name will not be used)

### Payment:

All fees must be paid in full **one week prior** to all camp sessions. All tuition is non-refundable after payment.

### Discounts:

2 children: \$10 off total      3 children: \$35 off total      4+ Children: \$45 off total

As the parent or legal guardian of \_\_\_\_\_, I authorize Cachele International Creative Arts Center (CICAC) to seek medical service in case of serious injury or illness if I am unable to be contacted. I further agree or accept financial responsibility. I give my voluntary consent to his/her participation in all programs and activities provided by CICAC, its director and staff. I release CICAC from any and all liability and waive as against CICAC all recourse, loss or damage, including any consequential damage or loss, claims, causes of action of any kind whatsoever arising from his/her participation in the activity. I acknowledge by their very nature, that the activities engaged in can expose participants to risks and hazards such as, but not limited to, physical injuries incurred while in class; and that I nevertheless freely and voluntarily assume all of the aforesaid risks and hazards.

It is hereby understood and agreed that CICAC shall not be responsible for any theft, damage or injuries incurred during classes or on location premises. CICAC shall not be responsible for his/her care after they are released from the premises.

\_\_\_\_\_  
Signature of parent or Guardian Date \_\_\_\_\_