

Rockin Mozart Academy

2022 Summer Camp Registration Form

Camper Information

Child's First Name (Please print clearly on the line above)

Goes By

Date of Birth: _____

_____ Check if your child attends Rockin Mozart

Parent/Guardian Information

Name (Please print clearly on the line above)

Name (Please print clearly on the line above)

Address

Address

City, State, Zip

City, State, Zip

Phone

Phone

Email Address (Please print clearly on the line above)

Email Address (Please print clearly on the line above)

Camp Registration

Date	Camp Location	9:00-3:00	Early Drop off
_____	Port Allen _____	_____	_____
_____	Plaquemine _____	_____	_____
_____	Donaldsonville. _____	_____	_____

Calculate Total Payment: *Registration is due one week prior to the camp start day.*

Registration # of weeks _____ X \$25 _____

Registration Fee _____

Date Paid

Camp # of weeks _____ X 200 _____

Camp Fee _____

Date Paid

