#### **ENROLLMENT REGISTRATION INFORMATION**

#### **CHILD PROFILE**

Child's Last Name:	First Name:	Age:	_ Gender M or F (circle one)
Address:	City:	State:	Zip:
Child's Last Name:	First Name:	Age:	_ Gender M or F (circle one)
Address:	City:	State:	Zip:
Child's Last Name:	First Name:	Age:	_ Gender M or F (circle one)
Address:	City:	State:	Zip:
PARENT PROFILE			
Parent/Guardian 1			
Name:			
Address:	City:	_ State:	Zip:
Employer:	City:	State:	Zip:
Phone Number ( )	Work Number: (   )	Ех	xt Cell: ( )
Best method of contact: home _	work cell	_ email	email address:
updates? Y or N  Parent/Guardian 2  Name:			
			Zip:
			Zip:
			xt Cell: ( )
			Email address:
Periodically we will send out texupdates? Y or N	t messages with importa	ant information	. Would you like to receive text
MEDICAL PROFILE			
Does your child have any medica	al or physical needs? Yo	r N If yes, pleas	e briefly explain:
Does your child have any allergion	es? Y or N If yes, please b	oriefly explain:	

## Weekly Camp Dates

Please circle weeks that you will need camp for your camper(s).

Week 1: June 15-19 Week 2: June 22-26

Week 3: June 29-July 3 Week 4: July 6-10

Week 5: July 13-17 Week 6: July 20-24

Week 7: July 27-31

### **Camp Fee Schedule:**

Registration Fee: \$20/child (Due by June 8, 2020)

Weekly Tuition: \$80/week (single child) \$150/week (siblings)

First Week Tuition is due on/before June 8, 2020

Weekly Tuition is due the FRIDAY before the next week of camp. For example, tuition for Week 2 (June 25-29) is due on Friday, June 19, 2020.

## **Consent To Travel**

I/We	the parents of	
	, and	
do hereby grant permission for the above named	child/children to be transported to all off site activities	
and field trips for the EPIC Cheer & Dance Acader	ny Summer Camp 2020. By signing this document, I	
understand that I am giving my/our permission f	or the above named child/children to be transported by	
staff vehicle or company van.		
Parent Signature	Parent Signature	
Date:	Date:	
Em avgangy Ca	ntost Information	
Emergency Co	ontact Information	
In case of an emergency, whom should we contact	rt?	
Name:	Name:	
Phone Number: ( )	Phone Number: ( )	
Relationship to Camper:	Relationship to Camper:	

#### **ENROLLMENT REGISTRATION INFORMATION**

# MEDICAL HISTORY Height: \_\_\_\_\_ Weight: \_\_\_\_ Hair Color

rks:				
Are there any allergies severe or life threatening? Y or N If yes, please provide us with special instructions:				
<b>1</b> ]				

T-shirt Size: Please circle

YS YM YL YXL

AS AM AL