

SPRING BREAK CAMP

Child's Name: _____ Phone: _____

Date of Birth: _____ Male: _____ Female: _____ Grade: _____

Child's Address: _____

Non – Refundable Registration fee \$55.00 / family*Return this form with: Reg. fee, tuition in full***Weekly Camp - 7:00 a.m. – 7:00 p.m. - \$155.00 PER WEEK****March 12, 2018 – March 16, 2018********* PLEASE READ BEFORE SIGNING *******

I understand that by signing this application and placing a deposit for camp, I am committed to paying for the week whether or not my child attends. There are no refunds once I agree to place my child in this week of camp. I understand there are limited spaces in camp and by signing this application I have accepted my child's space in the week chosen by me.

Parents Signature: _____ **Date:** _____**Family Information****Mother / Guardian Name:** _____ **Phone:** _____**Email:** _____ **Cell:** _____ **Work:** _____**Father / Guardian Name:** _____ **Phone:** _____**Email:** _____ **Cell:** _____ **Work:** _____**Emergency Contact – if the parents cannot be reached:****Name:** _____ **Relationship to child:** _____**Phone:** _____ **Alt. Phone:** _____

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Photo Release

I, _____ will mark the space below to grant or not grant permission of photos of my child to be used in the manner below. We use images only, no names.

	Grant	Do not grant
Use still photos in promotional materials	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on facility’s website	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility’s bulletin boards, show to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>

Field Trips

I grant permission for my child to participate in any scheduled “off-campus trips” and agree to hold harmless Gallop's Family Center, Inc. and its agents.

(Please initial) _____

Refunds

I understand that there is NO REFUND for late arrival or early departure from camp, or if the camper is dismissed due to disciplinary action. I understand I am responsible for payment in full once registration form is turned in to Gallop’s Family Center, Inc.

Parent/Guardian Signature: _____ Date: _____