

**Elevate Winter Break Camp 2017  
Registration Application**

<b><u>ELEVATE USE ONLY</u></b> <b><u>Registration Fee:</u></b>
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Student Name: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex M/F: \_\_\_\_\_

School Attending: \_\_\_\_\_ How did you hear about Elevate? \_\_\_\_\_

Parent Contact: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Authorized Pickup Other Than Parent: \_\_\_\_\_

Persons NOT authorized to pickup: \_\_\_\_\_

Allergies (please be specific and note level of severity, etc.):

\_\_\_\_\_

Current Medications (please note all medications AND complete the Individualized Care Plan if medications will need to be administered at the Elevate Summer Camp):

\_\_\_\_\_

\_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Group Number \_\_\_\_\_

Individual's Name on Insurance Policy \_\_\_\_\_

Please check the days your child will attend Afterschool. **\*\*\*You will be charged for the days you sign up to attend, even if you do not attend those days.\*\*\*** Changes can be made by submitting a two week written notice, allowing us time to properly schedule our teachers and staff.

Wednesday Dec 20th	Thursday Dec 21st	Friday Dec 22nd	Wednesday Dec 27th	Thursday Dec 28th	Friday Dec 29th

**\*\*Tuition is due the first day you attend each week.**

**\*\*A one dollar per minute late fee will be charged for pick up after 6:00pm.**

**\*\*10% discount for siblings**

**\*\* Referrals – Get \$20 credit for referrals that sign up and write your name in “How did you hear about Elevate?” space on application.**

**\$35 Registration Fee**

**1 Day : \$55**

**4 Days: \$125**

**2 Days: \$85**

**5 Days: \$130**

**3 Days: \$110**

**6 Days: \$135**

I grant permission for the above named child to participate in all planned activities, and absolve Elevate and its personnel from any liability for injury or loss sustained by the child while engaged in such camp activities. Elevate may use random group and individual pictures of my child for advertising purposes. I authorize the Elevate staff to provide emergency medical care at my expense. Elevate is not responsible for lost, stolen or damaged personal property. Elevate reserves the right to dismiss any child who jeopardizes the integrity of the camp program without a refund. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_