



PROGRAM ENROLLMENT FORM

SESSION: AFTER SCHOOL / TUTORING PROGRAM SUMMER ENRICHMENT PROGRAM

PARTICIPANT INFORMATION

CHILDS NAME _____ DATE OF BIRTH ____/____/____ MALE /FEMALE
CHILDS NAME _____ DATE OF BIRTH ____/____/____ MALE /FEMALE
CHILDS NAME _____ DATE OF BIRTH ____/____/____ MALE /FEMALE
ADDRESS/CITY/STATE/ZIP _____

PARENT(S)/LEGAL GUARDIAN(S)

NAME _____ RELATIONSHIP TO CAMPER _____
ADDRESS/CITY/STATE/ZIP _____
HOME PHONE _____ CELL PHONE _____ OTHER _____
EMAIL ADDRESS _____
EMPLOYER _____ ADDRESS/CITY/STATE/ZIP _____
PHONE _____ EXT. _____

NAME _____ RELATIONSHIP TO CAMPER _____
ADDRESS/CITY/STATE/ZIP _____
HOME PHONE _____ CELL PHONE _____ OTHER _____
EMAIL ADDRESS _____
EMPLOYER _____ ADDRESS/CITY/STATE/ZIP _____
PHONE _____ EXT. _____

EMERGENCY CONTACT/PICK-UP AUTHORIZATION

NAME _____ RELATIONSHIP TO CAMPER _____
ADDRESS/CITY/STATE/ZIP _____
HOME PHONE _____ CELL PHONE _____ OTHER _____
DRIVERS LICENSE # _____
EMERGENCY CONTACT YES NO AUTHORIZED TO PICK-UP YES NO

NAME _____ RELATIONSHIP TO CAMPER _____
ADDRESS/CITY/STATE/ZIP _____
HOME PHONE _____ CELL PHONE _____ OTHER _____
DRIVERS LICENSE # _____
EMERGENCY CONTACT YES NO AUTHORIZED TO PICK-UP YES NO

OFFICE USE ONLY:

RECEIPT # _____ DATE _____ AMOUNT PAID _____ BALANCE _____ STAFF _____