



2008 Day Camp Registration Form

Date / /

LG	- Little Guppies
D	- Dolphins
M	- Marlins
S	- Sharks
LIT	- Leaders in Training

Camper Information

Please fill out application completely. Refer to camp key code above when selecting a camp.

CHILD'S FULL NAME	SEX	DATE OF BIRTH	GRADE IN	CAMP	T-SHIRT SIZE
		____/____/____			Children: 6-8__ 10-12__ 14-16__ Adult: S__ M__ L__ XL__
		____/____/____			Children: 6-8__ 10-12__ 14-16__ Adult: S__ M__ L__ XL__
		____/____/____			Children: 6-8__ 10-12__ 14-16__ Adult: S__ M__ L__ XL__

Address _____ Apt # _____ Home Tel # () _____ - _____

City _____ State _____ Zip _____

Mother's Name _____ Business Phone # () _____ - _____

Cellular Phone # () _____ - _____

Father's Name _____ Business Phone # () _____ - _____

Cellular Phone # () _____ - _____

My Child(ren) Will Be Attending:

FULL SEASON
 1st HALF SEASON
 2nd HALF SEASON
 OTHER
 Beginning Date: _____/_____/_____
 June 30 - August 22
 June 30 - July 25
 July 28 - August 22
 Ending Date: _____/_____/_____

Days Per Week
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Please Complete and Sign Other Side of This Application:

Bus Transportation

Please enroll my child(ren) in the optional Pick-Up/Drop Off Bus Transportation Service.

I understand that there is no discount available for this service. Yes _____ No _____

If you are requesting bus service, please list the main streets or avenues closest to you:

_____ & _____

If your child(ren) is being met and picked up at the MBCKDC, please indicate **ALL** persons authorized to do so:
NO CHILD(REN) WILL BE RELEASED TO ANYONE NOT APPEARING ON THIS LIST WITHOUT PRIOR NOTIFICATION TO THE MBCKDC CAMP OFFICE!

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Emergency Information

Does your child(ren) have any physical or emotional limitations that would prohibit him/her from participating in any camp activities or trips? If **YES**, please explain: _____.

Is your child(ren) currently taking any medication? If **YES**, please indicate the type of medication, the reason for the medication and how it is taken: _____.

In the event of an emergency, please indicate the person(s) whom you would like contacted **other than yourself:**

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Payment:

Please indicate the type of payment you will be making: Cash Check Credit Card Other

Card Number (Visa or Mastercard only) _____ Expiration Date: _____

Agreement:

Carefully read the following agreement and sign at the bottom. No unsigned applications will be accepted.

I understand that full payment of all camp fees is required by Friday, June 1, 2008. Failure to pay in full by that date will result in the automatic cancellation of your child(ren)'s enrollment in day camp with a loss of all fees paid to date. I understand that if I cancel my enrollment before camp begins, I am subject to the service fees indicated in the camp brochure. Cancellations after the start of camp are subject to a loss of fees.

The MBCKDC reserves the right, after due notification to the parent or guardian, to expel any camper in the event he/she fails to comply with the rules and regulations of the camp. Refunds, if any, will be at the sole discretion of the MBCKDC. I agree to allow my child(ren) to participate in all programs and trips which are part of the camp program. I further allow the use of any photographs of my child(ren) to be used in future publicity material.

Signature of Parent or Guardian _____ Date: ____/____/____

MBCKDC

Full Camp Fee: \$ _____

Early Bird Discount

Scholarship: \$ _____

Sibling Discount

Deposit: \$ _____

Transportation

Balance: \$ _____

Trips Included

Receipt: # _____

Late Stay Pick Up