

ASPIRE Summer Camp Registration Form - 2019

CHILD'S NAME

First _____ Middle _____ Last _____ Gender: _____

Grade _____ Birth date ____/____/____ Age _____

Street Address _____

Town/City _____ State _____ Zip code _____

Child's Home Phone _____ Session Time: _____

Parent's Email Address: _____

CAMP SCHEDULE: PLEASE CIRCLE THE CLASSES AND SESSIONS YOUR CHILD WILL BE ATTENDING

DATES	CULINARY	FASHION
WEEK 1: June 27 th – July 3 rd	Skills 101	Basics 101
WEEK 2: July 8 th – 12 th	Baking Immersion	Button-it-up
WEEK 3: July 22 nd – 26 th	Let's Party!	Pizza Party!
WEEK 4: July 29 th – Aug 2 nd	Session 1 – Italian Grandma Session 2 – Take your Order	Session 1 – Fringes and Ties Session 2 - Faces and Figures
WEEK 5: Aug 5 th – 9 th	Session 1 – Travel the World Session 2 – 5 countries in 5 days!	Session 1 - Globe Trotting Session 2 – Aspire to Inspire!
WEEK 6: Aug 12 th – 16 th	Session 1 – Mini chopped challenge Session 2 – Ultimate chopped Challenge	Session 1 - Hollywood Glam! Session 2 – Design YOUR Runway

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____

Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State ____ Zip Code _____ Home Phone _____

Work Phone _____

Cell phone _____ E-mail _____

Parent/Guardian #2

First _____ Last _____

Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State ___ Zip code _____ Home Phone _____

Daytime phone _____

Cell phone _____ E-mail _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____

Work Phone _____

Cell Phone _____ Email _____

Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____

Work Phone _____

Cell Phone _____ Email _____

Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____

3: _____

Medical Release Information

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes ___ No ___ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes ___ No ___ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem, which may interfere with or alter treatment.

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **ASPIRE Summer Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our **ASPIRE Summer Camp** donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of **ASPIRE Summer Camp** and its affiliates.

Parent's/Guardian's Initials _____

ASPIRE Summer Camp and its co-organizers are not responsible for lost or damaged personal property. I understand that no fees will be refunded or transferred unless a child is unable to participate. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____

Date: _____

Printed Name of Parent/Guardian: _____

Please make checks payable to

Andrea Luberto Galperin

P.O. Box 57, Ramsey, NJ-07446