

## APRIL 10 - 14, 2017

### Camp begins at 9:00 am

**DO NOT LEAVE CHILDREN OUTSIDE THE DOJO! –even if other kids or minor age Black Belts are waiting outside. The only acceptable drop off is to an adult instructor inside the dojo.**

### Camp ends at 2:00 pm

**The latest pick up time is 2:10 pm. There will be a charge of the Half Day After Care (\$25) rate in any event of late pick up.**

(If campers attend different sessions, please use separate forms for each)

### Camper(s) Information

Child 1 \_\_\_\_\_ Grade in Fall 17 \_\_\_\_\_

Child 2 \_\_\_\_\_ Grade in Fall 17 \_\_\_\_\_

Child 3 \_\_\_\_\_ Grade in Fall 17 \_\_\_\_\_

### Parent(s) Information

**Parent 1** \_\_\_\_\_

Relationship to Child/Children \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

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

**Parent 2** \_\_\_\_\_

Relationship to Child/Children \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

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

Child/Children live with  Both parents together  Both parents separately  
 Parent 1 only  Parent 2 only

### Emergency Contact

Name \_\_\_\_\_

Relationship to Child/Children \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

### Person Authorized to Pick Up Your Child or Children Anytime (Other than Parents)

Name(s) \_\_\_\_\_

### Medical Information

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

Policy No(s) \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Please list all allergies, and any dietary restrictions.

\_\_\_\_\_

### Payment Information

No. of Session(s) \_\_\_\_\_ x No. of Child/Children \_\_\_\_\_ x \$295 = \$ \_\_\_\_\_

After Care (days) \_\_\_\_\_ x No. of Child/Children \_\_\_\_\_ x \$25 = \$ \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

### After care: \$25 per day until 6 pm

If after care is needed, students must be signed up for the extended time PRIOR to the first week of registered the camp. The fees for after care will be charged to your preferred credit care at the end of the registered week. (Initial) \_\_\_\_\_

By Check (Make Check Payable to **West America Tae Kwon Do**)

By Credit Card  VISA  MasterCard

Name on Card \_\_\_\_\_ Exp Date \_\_\_\_\_ / \_\_\_\_\_

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CVS \_\_\_\_\_

