FOR OFFICE USE ONLY
Date Received _____
Check # _____
Cash _____

Union Chapel Summer Camp
Application for Enrollment June-July 2009

315B Winchester Road Huntsville, AL 35811
256-489-4728

CHILD # 1 NAME: _____ ☐ M ☐ F GRADE: _____ AGE: _____
First Middle Last

CHILD # 2 NAME: _____ ☐ M ☐ F GRADE: _____ AGE: _____
First Middle Last

CHILD # 3 NAME: _____ ☐ M ☐ F GRADE: _____ AGE: _____
First Middle Last

Name, home address and phone numbers of the parent(s) or guardian(s) of the child:

_____ (_____)_____ _____ _____
Father or Guardian Home Phone Work Phone Cell Phone

_____ (_____)_____ _____ _____
Mother or Guardian Home Phone Work Phone Cell Phone

_____ _____
Address City/State/Zip Code

IF PARENT(S) CANNOT BE REACHED, PLEASE CONTACT:

_____ _____ (_____)_____ (_____)_____
Person to Call Relationship Home Phone Work/Cell Phone

Does your child have any <u>Allergies, Asthma or Health problems</u>? YES / NO

Please specify_____

Permission for Individuals to Pick Up Child

I, _____, give permission for the individual(s) listed to pick up my child from Union Chapel Camp Ambassador. I fully understand that it is my responsibility to notify the office should my child's pickup list needs to be changed for any reason.

Pick up List

Name	**Relationship to Child**
_____	_____
_____	_____
_____	_____

Financial

The registration fee of $30.00 is due with this completed form. Tuition is $100.00 per week per child.

June tuition is due by May 29, 2009. July tuition is due by June 30, 2009. There are no discounts for Summer Camp.

I understand I am responsible for the registration fee and camp tuition. Should I withdraw my child(ren) for any reason during camp session, I agree to pay any outstanding balances. I have read and fully understand the financial contract and agree to obligate myself to these terms.

_____ _____ _____ _____
Father or Guardian Date **Mother or Guardian** Date