

West Broward Academy Summer Camp 2019

Registration Form

One time non-refundable \$35 registration fee per student (camp cost, refer to flyer) (Must be prepaid)

Child's Name _____ DOB _____ Sex _____ Grade _____ Shirt size _____

Address _____ Home Phone _____

Parent's Name _____ Cell _____

Address (If Different) _____ Work # _____

E-mail Address _____

Parent's Name _____ Cell _____

Address (If Different) _____ Work # _____

E-mail Address _____

Week's attending:

wk.1 _____ June 10-14 wk.2 _____ June 17-21 wk.3 _____ June 24-28

wk.4 _____ July 1,2,3 closed 4th and 5th

Wk.5 _____ July 8 – 12 wk.6 _____ July 15-19 wk.7 _____ July 22 – 26

wk.8 _____ July 29-Aug. 2

Emergency Contacts:

Name _____	Relation _____	Phone Number _____
Name _____	Relation _____	Phone Number _____
Name _____	Relation _____	Phone Number _____

Medical Needs (Allergies)/Other Alerts _____

Doctor's Name _____ Phone Number _____

Hospital _____ Phone Number _____

I have read and agree to the Aftercare Guidelines, including Discipline Procedures, Payment Policies and Late Pick-up Fees. I understand that failure to abide by any of these policies will result in the removal of my child from the program and that ALL fees are non-refundable.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Please be advised you are required to be registered in the summer camp program and have all balances paid in all school accounts in order to participate in the camp.

All payments must be paid via EZCare.

Thank you and we hope to see you there!!