



# Cornerstone Academy Summer Camp 2010 Registration Form

 Recvd \_\_\_\_\_  
 Tuition Pd \_\_\_\_\_  
 June camps \_\_\_\_\_  
 July Camps \_\_\_\_\_  
 Aug. Camps \_\_\_\_\_

**Please complete a separate form for each student and return it to the school.**

Student's Name \_\_\_\_\_ Grade entering in August 2010 \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Work # \_\_\_\_\_ Father's Work # \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_

 T-Shirt Size  **YS**  **YM**  **YL**  **YXL**  **AS**  **AM**  **AL**

**PLEASE INDICATE WHICH CAMPS/CLASSES YOU ARE REGISTERING FOR.**

Date of Camp	Name of Camp	Registration Fee <small>\$20 per camp by 4/30 \$30 per camp after 4/30</small>	Cost of Camp <b>\$99</b>
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
<b>Total</b>			

Camp tuition is due May 15<sup>th</sup> for June camps, June 15<sup>th</sup> for July camps and July 15<sup>th</sup> for August camps. Checks should be made payable to **Cornerstone Academy**.

**Cash**  **Check**    Check # \_\_\_\_\_  **Paying Registration Now**  **Paying Camp Tuition Now**

Camp registration will be accepted on a first come/first served basis. When a camp is full, information will be posted on the school website. If a camp does not enroll, all fees will be refunded.

Each student is required to have the **Medical Release** completed on the reverse of this page.

I have read and understand the summer program cancellation policy posted on the website.

 Parent/Guardian  
 (Printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Cornerstone Academy Representative \_\_\_\_\_



# Cornerstone Academy Summer Camp 2010 Medical Release

## Student Information:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Allergies (food or environmental): \_\_\_\_\_

Requires EpiPen:  YES  NO

Date of last Tetanus booster: \_\_\_\_\_

List any medical condition(s) and medication(s) being taken that a physician should be aware of prior to treating your child in an emergency: \_\_\_\_\_

## Contact Information:

Name of emergency contact if parents not available: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

## Health Insurance Information:

Company Name: \_\_\_\_\_

Policy/Group # \_\_\_\_\_ Name of policy holder: \_\_\_\_\_

I hereby declare my son/daughter to be in good health and able to participate in camp activities. I will not hold Cornerstone Academy or the Camp Director/Teacher responsible in case of injury as a result of participation.

I hereby grant permission for CORNERSTONE ACADEMY staff to take whatever steps may be necessary to obtain emergency medical care for my child, if warranted. Depending on the nature and urgency of the situation these steps may include, but are not limited to, the following:

1. Attempt to contact a parent/guardian.
2. If a parent/guardian is not available, we will attempt to contact the local emergency contact listed on this form.
3. Call 911.

Any expenses incurred in seeking medical treatment will be the responsibility of the child's family. The school will not be responsible for anything that may happen as a result of false medical or personal information provided. I hereby give my consent for medical treatment for my child (named above) in the event of an emergency at which time I cannot be reached. I give consent to transport my child by ambulance, if the situation warrants. I acknowledge that all of the medical information given on this form is accurate and complete.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date