



06

Registration Form

Improving Minds Summer Camp – June 06, 2016 to August 19, 2016

Primary Guardian

Must be the Primary Emergency contact.

Relationship with child (circle one):

Mother / Father / Other: _____

First Name: _____ MI: _____

Last Name: _____

Address 1: _____

Phone Details	Primary?
Cell: _____	—
Home: _____	—
Work: _____	—
Other: _____	—

Address 2: _____

City: _____

State, ZIP: _____ , _____

E-mail: _____

Secondary Guardian

Emergency contact? Y / N

First Name: _____ MI: _____

Last Name: _____

Cell Phone: _____

E-mail: _____

Additional Emergency Contact Name and Phone: _____

Enrollee Name (First / Middle / Last)	Sex M/F	Birthdate (dd/mm/yyyy)	Grade (Fall '16)	Fee
1.				
2.				
Total:				

Special Requests / Allergies (if any): _____

Participant and/or responsible guardian will be required to sign a waiver once they are accepted.

Payment Details

By Check. Make check payable to "Improving Minds" By Cash / MO

By Credit Card. Card Type: Amex / Visa / MasterCard / Discover

Card #: _____ Expiry Date: ____/____

Name of the card: _____ Signature: _____

Mail or Drop-off address: address, Park Forest, IL 60466

E-mail scanned copy to: <email address>

Phone in: <phone no> Fax form to: <Fax no>

For office use only

Total Paid: _____ Cash / MO / Check #: _____ / Charge Code: _____

Decision: Accept / Wait List / Reject . Remarks: _____

Reviewed By: _____ Date: _____ Entered: _____ Receipt: Mail / Email / Both