



Registration Form

Improving Minds Summer Camp – 2019

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?

Address 2: _____

Cell: _____ -

City: _____

Home: _____ -

State, ZIP: _____ , _____

Work: _____ -

E-mail: _____

Other: _____ -

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:				

I give me child or children permission to participate in the following activities provided by Improving Minds Inc.

Please check the following:

- Literacy Improvement / Book Club
- Physical Activities
- Life Skills (CPR, Water Safety, Fire Safety)
- Hand Washing Hygiene
- First Aid for Kids

Print Name

Date

Parent Signature