

Registration will not be completed unless all sections of this application are completed and the deposit is enclosed.

Please submit one application per student (additional forms are available online at www.crossroadca.org). Register the student for the grade he or she will be entering in the fall of 2009/2010.

Student Name: Last First MI Boy Girl Grade (fall '09): Birth Date:
Home Address: Street City State Zip Code
Mother's Name: Last First MI Phone () Home Mobile
Mother's Employer: Phone () Work Extension
Father's Name: Last First MI Phone () Home Mobile
Father's Employer: Phone () Work Extension

EMERGENCY INFORMATION RELEASES

PERSONS AUTHORIZED TO PICK UP STUDENT

Name: Phone () Name: Phone ()
Name: Phone () Name: Phone ()
Name: Phone () Name: Phone ()

PERSON TO CALL IN EMERGENCY IF PARENTS CANNOT BE REACHED

Name: Last First MI Phone () Home Mobile
Doctor's Name: Phone () Office Extension

PLEASE LIST any medical problems the staff should be aware of including allergies to medications and specific foods:

RELEASE: I HEREBY RELEASE CROSSROAD, AGENTS OR EMPLOYEES, FROM ANY LIABILITY WHILE MY CHILD IS ON THE CROSSROAD CAMPUS.

Signature Date

MEDICAL RELEASE: IN THE EVENT THE PARENT CANNOT BE REACHED, CROSSROAD STAFF IS AUTHORIZED TO USE ITS DISCRETION TO SECURE EMERGENCY MEDICAL AID, INCLUDING PARAMEDICS.

Signature Date

CROSSROAD DAY CAMP REGISTRATION POLICIES

- \$50 deposit (per week) must be received with this registration form.
CrossRoad Day Camp is open to the public.
No refunds, unless the desired week is full.
Spaces are filled on a first-come, first-served basis.
A waiting list will be available on weeks that are full.

CROSSROAD DAY CAMP FEES

Table with 2 columns: Day Camp and AM and PM Extended Care. Includes hours, rates, and weekly discount information.

T-SHIRT SIZE

FREE T-SHIRT: Circle one; one free T-shirt per student.

Child S (6-8) M (10-12) L (14-16) Adult S M L XL XXL
EXTRA T-SHIRT: \$8.00 per shirt; indicate how many next to the size. Cash or check must accompany extra T-shirt order.

TOTAL ENCLOSED

Fill in the spaces below to calculate the total amount to enclose
Number of Day Camp Weeks: x \$50 deposit Total \$
Number of Extended Care Weeks: x \$35 Total \$
Number of Extra T-Shirts: x \$8 Total \$
Grand Total Enclosed \$

PHOTOGRAPHY RELEASE

I authorize the CrossRoad Day Camp program to obtain, store, and/or use (without payment) any photographs, slides, and/or videotapes of my child for public relations, marketing/advertising, and/or internal training purposes.