



# SHAPE Education

## 2008 Summer Day Camp Registration Form

### CAMPER'S INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Age: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ School Child Attends: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone Number: ( ) \_\_\_\_\_ Email address: \_\_\_\_\_  
 Dad's Name: \_\_\_\_\_ Dad's Daytime Phone: ( ) \_\_\_\_\_  
 Mom's Name: \_\_\_\_\_ Mom's Daytime Phone: ( ) \_\_\_\_\_  
 How did you hear about us?  Internet \_\_\_\_\_  School  Other \_\_\_\_\_ Are you a SHAPE Alumni?  Yes  No

### REGISTRATION INFORMATION

**Camp Type:**

- Full-day 9:00 a.m. – 4:00 p.m. (\$129/week or \$35/day)
- Half-day 9:00 a.m. – 12:30 p.m. OR 12:30 p.m. – 4:00 p.m. (\$80/week or \$20/day)
- Extended Hours 6:30 a.m. – 9:00 a.m. (FREE)
- Extended Hours 4:00 p.m. – 6:30 p.m. (FREE)

**NO CAMP on  
May 26<sup>th</sup> or July 4<sup>th</sup>**

**Camp Location & Dates\***

- Biltmore: Biltmore Nazarene Church (24<sup>th</sup> Street/Missouri): *May 27<sup>th</sup> thru August 8<sup>th</sup>*
- Tempe: Tempe Nazarene Church (U.S. 60/Rural): *May 27<sup>th</sup> thru August 1<sup>st</sup>*
- Tolleson: Arts Academy at Estrella Mountain (91<sup>st</sup> Ave/I-10): *June 2<sup>nd</sup> thru August 8<sup>th</sup>*

- May 27 – May 30
- June 2 – 6
- June 9 – 13
- June 16 – 20
- June 23 – 27
- July 28 – Aug 1
- Aug 4 – 8

- My camper will start on the 1<sup>st</sup> day of camp
- My camper will start on \_\_\_\_\_

\*Dates are subject to change

**Emergency Contact (Other than parent):**

EC Name: \_\_\_\_\_ EC Relationship: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

**Insurance Information:**

Company: \_\_\_\_\_ Policy Holder: \_\_\_\_\_  
 Phone Number: ( ) \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Medical Information:**

Physician's Name: \_\_\_\_\_ Physician's Phone: ( ) \_\_\_\_\_

**Consent to Treat and Release:**

I hereby authorize S.H.A.P.E. Education, its officers, employees, or staff members to take whatever action is necessary for the health and welfare of my child including consenting on my behalf to any and all medical treatment, procedures, operations and/or hospitalizations and I further agree to hold them harmless and indemnify them for all medical bills incurred for the treatment of my child. I hold S.H.A.P.E. Education, its officers, employees, or staff members harmless and hereby release them from liability for any injury to my child while attending the camp.

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

### PAYMENT INFORMATION

<input checked="" type="checkbox"/>	Registration fee				\$25.00
<input type="checkbox"/>	Tuition (Weekly)	\$129 Full/\$80 Half	X	_____ weeks =	\$ _____
<input type="checkbox"/>	Tuition (Daily)	\$35 Full/\$20 Half	X	_____ days =	\$ _____
<input type="checkbox"/>	Extended Hours A.M.	\$FREE (Must Register for Extended Hours)	X	_____ weeks =	\$ _____
<input type="checkbox"/>	Extended Hours P.M.	\$FREE (Must Register for Extended Hours)	X	_____ weeks =	\$ _____
<input type="checkbox"/>	Scholarship	\$5.00		(donation to help send others to camp)	\$ _____

Please pay by credit/debit card, check or money order. Make checks payable to S.H.A.P.E.

**Subtotal:** \$ \_\_\_\_\_  
**Less Multi Child Discount 10%:** \$ \_\_\_\_\_  
**Total Amount Due:** \$ \_\_\_\_\_

*For office use only:*

**Date Received:** \_\_\_\_\_ **Amount Received:** \_\_\_\_\_ **Payment Type:**  Credit/Debit  Check/M.O. No. \_\_\_\_\_