

# Summer Camp Registration Form

Complete the registration form below. Fax, Mail, or Drop off the completed form to The Spruill Education Center.  
The Spruill Center for the Arts does not offer partial camp sessions or pro-rate camp fees.

Child's Name \_\_\_\_\_ Child's Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Dr. Name \_\_\_\_\_ Dr. Telephone \_\_\_\_\_

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Rising Grade \_\_\_\_\_ School Name \_\_\_\_\_

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Parent Name(s)/ Primary Contact \_\_\_\_\_ Email \_\_\_\_\_

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Telephone Numbers Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

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Street Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Alternate Contact #1 Name & Relation \_\_\_\_\_ Phone \_\_\_\_\_

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Alternate Contact #2 Name & Relation \_\_\_\_\_ Phone \_\_\_\_\_

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Allergies/ Medical Concerns \_\_\_\_\_ Custody Concerns \_\_\_\_\_

Group With #1 \_\_\_\_\_ Group With #2 \_\_\_\_\_

| <b>CAMP INFORMATION</b> Record the information for each camp session for which you would like to register your child.  |                    |            |          | <b>ADDITIONAL CARE</b> Enter the fee for care sessions. |            |               |                     |
|--|--------------------|------------|----------|---|------------|---------------|---------------------|
| Camp Code  | Camp Session Title | Start Date | Camp Fee | Before Care   | After Care | Extended Care | Total each row here |
|  |                    |            | \$       | \$  | \$         | \$            |                     |
|  |                    |            | \$       | \$  | \$         | \$            |                     |
|  |                    |            | \$       | \$  | \$         | \$            |                     |
|  |                    |            | \$       | \$  | \$         | \$            |                     |
|  |                    |            | \$       | \$  | \$         | \$            |                     |
|  |                    |            | \$       | \$  | \$         | \$            |                     |
| <b>DONATIONS</b> Larger donation amounts are greatly appreciated <input type="checkbox"/> \$20 <input type="checkbox"/> \$15 <input type="checkbox"/> \$10 <input type="checkbox"/> \$5 <input type="checkbox"/> \$1 |                    |            |          |   |            |               | \$1.00              |
| <b>MEMBERSHIP</b> <input type="checkbox"/> \$100 Donor* <input type="checkbox"/> \$70 Family* <input type="checkbox"/> \$35 Individual <input type="checkbox"/> \$20 Senior (65+)                                    |                    |            |          |   |            |               |                     |
| * List below Family Members within the household for \$70 levels and higher:   |                    |            |          |   |            |               |                     |
| <b>GRAND TOTAL</b>   |                    |            |          |   |            |               | <b>\$</b>           |

**CONTRACTUAL AGREEMENT BETWEEN SCA AND CAMPER'S FAMILY AND EMERGENCY AUTHORIZATION**

I understand that all registration changes, transfers, and cancellations will incur an administrative fee of \$20 per registration and must be approved by a Spruill employee two (2) weeks prior to the camp session. By submitting this registration, I acknowledge that I accept and agree to abide by the policies of The Spruill Center for the Arts.

I hereby give permission to the camp staff to secure emergency medical treatment for my child in the event of an emergency. I also agree to consent to the use of the camper's likeness (photographs, video) for publicity and promotional purposes.

Parent/Guardian Name \_\_\_\_\_ Signature\* \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT**  check (\$30 fee for all returned checks)  Cash  VISA  MasterCard  Discover

**CREDIT CARDS** Sign Here  \_\_\_\_\_ Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV# \_\_\_\_\_

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