

ENROLLMENT AND MEDICAL CONSENT FORM

Fill out this Enrollment and Medical Consent Form. Mail with \$100 deposit to: Camellot Academy c/o 15506 Cedar Lane Bonner Springs, KS 66012-7388

A \$100 non-refundable deposit must accompany each application with the balance due on or before the opening day of camp. Please make your check payable to Camellot Academy, Inc. No refunds of tuition will be made after June 18, 2010.

Camper's Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____ May we print it in our roster? _____

Parent with whom camper resides _____

Mother's Name _____ Cell # _____

Place of employment _____ Work # _____

Father's Name _____ Cell # _____

Place of employment _____ Work # _____

School camper is attending Spring 2010 _____

School camper will attend Fall 2010 _____ Grade entering Fall 2010 _____

Division (check one)

Junior Division (5 years old-3rd grade) 5 Week Session (June 14-July 17)
Half day AM - \$575 AM plus T/Th PM - \$695 AM plus M/W/F PM \$755 Full day – 5 Days - \$875

Senior Division (Grades 4 through 9) 5 Week Session (June 14-July17)
Full day – 5 Days - \$1000

Date of Birth _____ T-Shirt Size (circle one) ADULT S M L XL YOUTH 6-8 10-12 14-16

Number of Additional T-Shirts @ \$15 _____ Sizes for Additional Tee Shirts _____

MEDICAL CONSENT

Doctor's Name _____ Phone _____

Alternate Emergency Contact _____ Phone _____

Allergies _____ Dietary Restrictions _____

Will child be taking medication during camp? _____

Office staff has permission to dispense prescribed medication _____

I give my consent for emergency medical care for _____

Parent or Guardian's Signature _____