



Summer Camp Registration Form 2017

Please complete and return to the ASK Business Office with full payment.

Student Information

Student Name:	Age as of June 1, 2017:
Current School:	Grade Level Successfully Completed:
English Language Abilities (circle one): Beginning Developing Proficient	Allergies or Special Medical Needs:

Family Information

Father's Name	Mobile Phone:
Mothers Name	Mobile Phone:
Home Phone:	Email Address:

Sibling Attending Camp:	Gender:	Age:
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I would like my child to be placed with the following friend/relative/sibling:

Fellow Camper's Full Name:	Gender:	Age:
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Permission

I hereby submit this application for my child to attend ASK's *Fantasia* Summer Camp. I agree to ensure that my child will abide by the rules of the camp. I understand that if ASK Summer Camp staff members are unable to contact me regarding my son's/ daughter's health, or if an emergency should occur, a Summer Camp official will address my son's/daughter's medical needs and/or contact the appropriate medical personnel.

Parent Signature: _____ Date: _____

_____ Date: _____ Date: _____

