



MOSAIC ACADEMY

ARTS & EXPRESSION SUMMER CAMP (9AM-2PM)

JULY 9-12, 2018

Student Name:		M ___ F ___
Student Birth Date:	2018/2019 Academic School Year Student Grade:	
Home Address:		Zip:
City:	Home Phone:	
Mom's Name:	Dad's Name	
Mom's cell:	Dad's cell:	
Mom's work number:	Dad's work number:	
Mom's email:	Dad's email:	
Special Needs/Allergies: (CONTINUE ON BACK)		
<i>Please list anyone who you will allow to pick up your child from Summer Camp. This list will be used in an emergency if you cannot be reached. A driver's license will be needed in order to release your child.</i>		
Name:	Phone:	
Name:	Phone:	
Medical Release: In case of emergency, I give my permission for Mosaic Academy to seek medical attention for my child, _____ In the event that hospital care is required, I prefer that treatment be sought at _____. Every effort will be made to locate parents or emergency persons before any action is taken.		
Photo/Video Release: ____ I give permission for Mosaic Academy to use photos/videos of my child in publications and online. I understand that we will not use names or personally identify children online. ____ I do not give permission for Mosaic Academy to use photos/videos of my children online or in publications.		
(PLEASE CONTINUE FORM ON BACK)		

Parent Signature X _____ Date: _____

Office Use Only:

\$35 Due upon registration	Registration/Supply	Date paid: _____
\$145 Camp	Camp Tuition	Date paid: _____

