



SUMMER CAMP 2010
REGISTRATION FORM

STUDENT NAME _____ ИМЯ РЕБЕНКА ПО-РУССКИ _____

BIRTH DATE (month /day/ year) _____ AGE _____ AGE GROUP: 4-7 8-10

MOTHER'S NAME _____

FATHER'S NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

E-MAIL _____ HOME PHONE _____ CELL _____

REQUIRED INFORMATION FOR YOUTH ENROLLING IN CAMP:

EMERGENCY CONTACT NAME _____ PHONE _____

FAMILY DOCTOR NAME _____ PHONE _____

DOES YOUR CHILD HAVE ANY ALLERGIES OR MEDICAL CONDITIONS? NO YES

EXPLAIN _____

WHAT DO WE NEED TO KNOW TO HELP _____

DATE _____ SIGNATURE _____

AZ BUKI VEDI, INC. ASKS YOUR PERMISSION TO USE THE NAME AND/OR PHOTO OF YOUR CHILD ON THE WEBSITE, PRESS RELEASES, OR OTHER PROMOTIONAL MATERIALS CREATED BY AZ BUKI VEDI, INC.

YES, I GIVE MY PERMISSION

NO, I DO NOT GIVE MY PERMISSION

DATE _____ SIGNATURE _____

Week(s) Jun 21-25 Jun 26-Jul 2 Jul 26-30 Aug 2-6

Registration Fee: 1st child: \$10 next child: \$5

Part Time: \$135 x _____

Full Time: \$175 x _____

Extended Care: \$35/week, # of weeks _____ \$8 - per day, # of days _____

TOTAL DUE: \$ _____ PAID: \$ _____