



SUMMER CAMP 2019 ENROLLMENT FORM

Child's Name: _____ Date of Birth: _____ Age: _____
 Primary Address: _____ City/Zip: _____
 Mother's Name: _____ Email: _____ Cell #: _____
 Father's Name: _____ Email: _____ Cell #: _____

CHILD INFORMATION

Please share the following information regarding your child (indicate N/A for those that do not apply)

Therapies: _____ Behavior Concerns: _____
 Allergies: _____ Medical Conditions: _____

EMERGENCY CONTACTS & PICK-UP AUTHORIZATION

The following people should be contacted in case of emergency, only if parent/guardian cannot be reached AND are authorized to pick up the child:

1. Name _____ Relationship _____ Phone _____
 2. Name _____ Relationship _____ Phone _____
 3. Name _____ Relationship _____ Phone _____

EMERGENCY MEDICAL RECORDS RELEASE

I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. ASPIRE Academy receives medical information on participants that may need to be shared with medical providers in the event that a child needs immediate attention for injuries received while participating in ASPIRE Programs.

Yes ___ No ___ Initials _____

Family Doctor _____ Phone _____

Do you carry family medical insurance? Yes ___ No ___ Carrier _____ Policy/Group _____

PARENT/GUARDIAN AUTHORIZATION

- I hereby acknowledge that ASPIRE Academy will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at ASPIRE Academy that indicates otherwise.
- I hereby release all pictures of my child taken by ASPIRE for promotional purposes and programming materials including the ASPIRE Academy website.

Parent/Guardian Signature _____ Date ____/____/____

WAIVER AND RELEASE OF LIABILITY

- By signing below, I agree to forever release and discharge ASPIRE Academy and it's Directors, employees, and volunteers from any and all liability, claims, actions, rights of actions, damages, and expenses. It is understood that ASPIRE is not responsible in any way for damage or loss of any personal property.

Parent/Guardian Signature _____ Date ____/____/____

BY-THE-WEEK SUMMER CAMP

FULL DAY (8 am – 3 pm)

5 days
\$160

4 days
\$145

3 days
\$130

Add-ons

7am – 8am
\$10/day

3pm – 5pm
\$15/day

AMOUNT

Session 1: June 3 – June 7	_____	_____	_____	___ X ___	___ X ___	_____
Session 2: June 10 – June 14	_____	_____	_____	___ X ___	___ X ___	_____
Session 3: June 17 – June 21	_____	_____	_____	___ X ___	___ X ___	_____
Session 4: June 24 – June 28	_____	_____	_____	___ X ___	___ X ___	_____
Session 5: July 8 – July 12	_____	_____	_____	___ X ___	___ X ___	_____
Session 6: July 15 – July 19	_____	_____	_____	___ X ___	___ X ___	_____
Session 7: July 22 – July 26	_____	_____	_____	___ X ___	___ X ___	_____
Session 8: July 29 – August 2	_____	_____	_____	___ X ___	___ X ___	_____

\$15 off per week for Siblings

* Cash & Credit Card Accepted in Person

** Please make checks payable to: **ASPIRE Academy, LLC**

*** Mail or drop off completed forms & payment to:

ASPIRE Academy 1820 Eden Terrace Rock Hill, SC 29730

SUBTOTAL _____

Discounts - _____

Registration Fee + \$35

TOTAL DUE _____