

## IDENTIFICATION RECORDS

**Child's Full Legal Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Child's Preferred Name:** \_\_\_\_\_ **Gender:**  M  F

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone Nos.:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Who has legal custody?** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Other Household Members: Adults

Other Household Members: Children & Ages

The child will be released only to the person(s) authorized, or in the manner of authorized, in writing, by the custodial parent(s) or legal guardian(s). The following people are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Child's Physician/Health Resource:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Has child had:

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Surgery                  | <input type="checkbox"/> Allergies   |
| <input type="checkbox"/> Serious Illness/Accident | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Burns                    | <input type="checkbox"/> Other       |

List identifying scars, birthmarks, skin discolorations:

Special needs:

Child's habits, fears, etc:

I give permission to consult with my child's physician/health resource listed above in case of emergency if parent/guardian cannot be reached.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# SACU

Spiritual Art Camp @ Unity on the Bay

411 NE 21 St, Miami, FL 33137

(305) 573-9191 x 207 | lourdes@unityonthebay.org

## ENROLLMENT FORM

Camper's Name: \_\_\_\_\_ Gender:  M  F

Date of Birth : \_\_\_\_\_ Grade in September 2010: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent's Work Phone: \_\_\_\_\_ Parent's Cell Phone: \_\_\_\_\_

Parent's Work Phone: \_\_\_\_\_ Parent's Cell Phone: \_\_\_\_\_

Has your child attended a Summer Camp in the past? \_\_\_ Does your child have a sibling enrolled in camp? \_\_\_\_\_

### Summer Schedule.

My child will attend

- Week One
- Week Two
- Week Three
- Week Four

### Please check for after care:

- After-care 4 to 6 pm (\$25/week)

**Total Amount Due: \$** \_\_\_\_\_

Open enrollment \$145 per week per child, \$130 per sibling. After care charges are \$25 per week per child. We will provide afternoon snacks, and all art supplies.

**A \$25 non-refundable application fee must accompany this completed form.**

You also agree to pay by July 5, 2011 for at least Week 1. If you wish to pay week to week basis, you must provide a CREDIT CARD or PERSONAL CHECK FOR AUTOMATIC PAYMENT. Our bookkeeping office will AUTOMATICALLY BILL YOUR ACCOUNT EVERY FRIDAY for your child to attend Camp on MONDAY. I have read and understood the application form. I agree to conditions stated.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Payment Method:

Check #: \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Credit Card:  Visa  Master Card  Discover  American Express

Cardholder's Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV2 Number (3-digit code on back): \_\_\_\_\_

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Signature of Cardholder: \_\_\_\_\_

## FIELD TRIP PERMISSION SLIP

Unity on the Bay | SACU activities may include going on Daily Neighborhood Walking trips between the dates of July 11 – August 12, 2011. I give permission for my son/daughter, \_\_\_\_\_, to attend daily neighborhood walking trips provided by Spiritual Art Camp @ Unity on the Bay.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## PERMISSION FOR PHOTOGRAPHY

I am aware that Unity on the Bay | SACU takes pictures of campers throughout the camp experience. I give permission for my son/daughter, \_\_\_\_\_, to be photographed and permit his/her photo to be used for promotion.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## RELEASE OF LIABILITY/ASSUMPTION OF RISK

I agree to hold harmless Unity on the Bay | SACU administration and staff and assign and release the same from any liability for any injury or illness that may be suffered by the participant, named herein, arising out of, or in any way connected with the camp program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date