



TEXAS EMPOWERMENT ACADEMY

 EDUCATION . CHARACTER . LEADERSHIP

2010 SUMMER ENRICHMENT CAMP REGISTRATION FORM

Child's Information

Child _____
 Last Name First Name

Address _____

City, State _____ Zip _____

Birth date ____/____/____

Grade level in August 2010 _____

Parent / Guardian's Information

Parent _____
 Last Name First Name

Address _____
 (If different than child's)

City, State _____ Zip _____

Email _____

Phone _____
 Day Evening

				For Staff Use Only							
NON-REFUNDABLE \$50 deposit due by June 7, 2010.				Date	How Paid	Amt. Paid	Bal.	Date	How Paid	Amt. Paid	Bal.
Remaining payments due by the end of every week											
Week 1: June 14-18	\$50										
Week 2: June 21-25	\$50										
Week 3: June 28- July 3	\$50										
Week 4: July 5-9	\$50										
Week 5: July 12-16	\$50										
Week 6: July 19-23	\$50										
Week 7: July 26-30	\$50										
Week 8: August 2-6	\$50										

Signature _____ Date _____



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E D U C A T I O N . C H A R A C T E R . L E A D E R S H I P

Medical Information

Please list any special problems your child may have such as allergies, illness, any medication prescribed and any other information of which staff should be aware. Include any serious illness, injuries an/or hospitalization in the last 12 months:

Child's Doctor _____ Phone _____

Address _____

Authorization for Emergency Medical Treatment

In case the child named on this form has an accident or sudden illness, and in the event I cannot be reached by telephone, I hereby authorize a representative of Texas Empowerment Academy to refer the child to the physician named above or seek appropriate medical care. Texas Empowerment Academy cannot be responsible for any costs incurred.

Parent / Guardian Signature _____ Date _____

Relative or friend to contact in case of emergency (if parents cannot be reached):

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____



TEXAS EMPOWERMENT ACADEMY

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E D U C A T I O N . C H A R A C T E R . L E A D E R S H I P

I hereby authorize Texas Empowerment Academy Summer Enrichment Camp staff to access my child's immunization records in the school's office. Yes No

I hereby grant permission for my child to be transported and supervised by Texas Empowerment Academy Summer Enrichment staff during sponsored field / study trips. I understand that I will be informed in advance of any field/study trip. Yes No

Photographs/other images of my child in camp may be used for educational and non-commercial purposes. Yes No

Parent / Guardian Signature _____ **Date** _____