

Mount Ararat Community Activity Center Camp Harambee 2019 Registration Form

Last Name:		First name:		Male <input type="checkbox"/>
				Female <input type="checkbox"/>
Street Address:			City, State Zip:	
Date of Birth:			Age:	
School:				
Siblings Attending Camp	Name			Age
Parent/ guardian Name:			Phone mobile	
Email Address:			home	
Parent/ guardian Name:			Phone mobile	
Email Address:			home	

<p style="text-align: center;">Photo Release and Consent</p> <p>I give my permission for my son/daughter to be photographed and/or videotaped by Mount Ararat's Summer Camp Program to be used on promotional materials.</p> <p style="text-align: center;">__ Yes __ No</p>	<p style="text-align: center;">Payment Method</p> <p>__ CCIS \$ _____ Weekly Co-pay amount</p> <p>__ Private Pay</p> <p>__ Other _____ (Indicate type)</p>
<p style="text-align: center;">T-Shirt Size (Youth)</p> <p><input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large</p> <p><input type="checkbox"/> X-Large <input type="checkbox"/> Other (Adult size) _____</p>	<p style="text-align: center;">Weeks your child will be attending camp?</p> <p>___ June 24th - August 16th</p> <p>_____ Specific Weeks</p>

My Child has permission to walk home: Yes <input type="checkbox"/> No <input type="checkbox"/>

The \$300 non-refundable deposit due when registering – applied to final balance due. (FOR PRIVATE PAY ONLY).
Balance must be paid in full prior to the beginning of camp.