



# Registration Form

K-2<sup>nd</sup>  
 3<sup>rd</sup>-5<sup>th</sup>  
 6<sup>th</sup>-8<sup>th</sup>  
 Shirt Size: \_\_\_\_\_  
 \_\_\_\_\_

**Register For:**

\_\_\_\_\_ Week 1: June 8-12, 2015  
 \_\_\_\_\_ Week 2: June 15-19, 2015  
 \_\_\_\_\_ Week 3: June 22-26, 2015  
**Total Weeks \_\_\_\_\_ X \$50 = \$\_\_\_\_\_**  
**Snacks will be served; lunch is on your own.**

Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check  
 Cash  
 Scholarship Request

Initials: \_\_\_\_\_

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Grade Completed at the end of 2015 School term: \_\_\_\_\_ School: \_\_\_\_\_

Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Special Needs/Requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have an IEP (Individualized Educational Plan) or Behavioral Disorder?  Yes  No

Please attach/explain: \_\_\_\_\_

\_\_\_\_\_

*All scholarships are on a first come, first serve basis and you must pay the initial deposit of \$25 per child at registration. (NO Exceptions) Questions, please contact Jaclyn Brown at [jbrow23@gmail.com](mailto:jbrow23@gmail.com).*

## \$25 Registration Fee