



Miracles and Memories Academy Summer Camp Registration Form

Camper Name _____ Age _____

Address _____ Zip _____

Parent's Phone _____ Parent's email _____

1st Parent/Guardian: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

2nd Parent/Guardian: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

Emergency Contact: _____ Relationship: _____

Telephone: _____ Cell Phone: _____

DDA CASE MANAGER Name _____ Phone _____

EMAIL _____

Child resides with: 1st Parent ____ 2nd Parent ____ Guardian ____ Both ____ Other ____

Name and phone number(s) of person(s) other than parents allowed to pick up your child

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with the camp director. All information will be kept confidential.

Please list any other information you'd like to include about your camper:



Parent Authorization Form

Please print all information clearly

Name of Camper: _____ Today's Date _____

Miracles and Memories Academy does not discriminate on the basis of race, color, sex, handicap, religion or national origin. Miracles and Memories reserves the right at its sole discretion to refuse an application or dismiss a child from camp. No refund will be made of fees if the child has attended any portion of the camping period. I understand and accept these guidelines

Parent/Guardian's Signature: _____

I give Miracles and Memories Academy permission to photograph and/or videotape my child for public relations and/or marketing purposes. Photos will remain archived at Miracles and Memories Academy and can be used for promotional purposes without notification.

Parent/Guardian's Signature: _____

I give permission for Miracles and Memories Academy to transport my child for the purpose of reaching day camp location and/or medical care. I understand that a schedule of events will be available to me and that all events are subject to change due to weather and/or scheduling conflicts without notice.

Parent/Guardian's Signature: _____

I authorize the camp management to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the camper involved. I am responsible for the expenses involved if the services of a physician or hospital are required. Please request a waiver for persons requesting exemption from medical treatment.

Parent/Guardian's Signature: _____

Hospital preferred _____

By signing below I agree to adhere to all the Policies and Procedures set for by Miracles and Memories Academy.

Parent/Guardian's Signature: _____



Camper's Medical Information Form

Please print all information clearly

The medical background of each camper is required as part of the camp's registration process. The camp director must be advised in writing of any condition that would limit the camper's ability to participate in any program.

Child's Name _____ Date of Birth _____

Child's Pediatrician's Name _____ Phone number _____

Medical conditions _____

List of past medical treatments _____

List all current medications regardless of whether it needs to be taken a camp or not:

Will your child need to take any prescription medications while at camp? Yes/No

If yes, please request a medical dispensing form. Return the form and medication in a ziplock bag with your child's name on it on the first day that they attend camp.

Allergies: (Please put N/A if your child does not have an allergy)

Food _____

Medication _____

Insect _____

Other _____

Does your child require an Epi-pen? _____ If yes, you must provide the camp with an Epi-pen to be kept at camp during your child's enrollment. Epi-pen must be accompanied with a current prescription and a doctor's note.

Specific Activities to be restricted for health reasons: _____



Miracles and Memories Academy Summer Camp Scholarship Application

You want to go to camp! This form is designed to help you determine how much assistance you need to attend camp this summer. We have a limited amount of scholarship funds so we appreciate families paying what they can. Please fill out a new form for every child going to camp.

Camper Name _____ Age _____
 Address _____ Zip _____
 Parent's Phone _____
 Parent(s)/Guardian Name(s) _____

Each camp's tuition is \$300.00, please list the amount your family could pay: _____

Please attach a copy of one of the following:

IRS 1040 SSI Allocation Statement Two most current pay stubs

Total Household Income

Are you employed?	Yes	No	\$_____ /month
Is your spouse employed?	Yes	No	\$_____ /month
Do or your spouse receive unemployment?	Yes	No	\$_____ /month
Do you receive Social Security Benefits?	Yes	No	\$_____ /month
Do you receive Spousal Support?	Yes	No	\$_____ /month
Do you receive Child Support?	Yes	No	\$_____ /month
Do you receive Food Stamps?	Yes	No	\$_____ /month
Do you receive Veterans benefits?	Yes	No	\$_____ /month
Do you receive Disability benefits?	Yes	No	\$_____ /month

Do you have a financial need or special situation that cannot be explained by filling in the above information? If so, please explain: _____

I certify that the information on this form is true, accurate, and complete to the best of my knowledge. I am responsible for notifying Miracles and Memories Academy in writing of any changes in the information supplied in this application that might affect my student's scholarship eligibility.

Parent or Guardian Signature

Date



Miracles and Memories Academy Summer Camp

Camp Weeks and Details

Please check each week you are interested in registering for. If there is a specific request on hours or day(s) modifications include them next to the week you've selected.

Camp weeks:

Modification Request:

_____ Week 1: June 24-28 _____

_____ Week 2: July 1-3 _____

_____ Week 3: July 8-12 _____

_____ Week 4: July 15-19 _____

_____ Week 5: July 22-26 _____

_____ Week 6: July 29- Aug 2 _____

_____ Week 7: Aug 5-9

_____ Week 8: Aug 12-16

_____ Week 9: Aug 19-23

_____ Week 10: Aug 26-30

Camper Shirt Size: _____

Social emotional needs _____

Communication needs _____

Behavioral Challenges _____

_____Toileting and eating supports _____