



## Miracles and Memories Academy Summer Camp Registration Form

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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:

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# 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

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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

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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: \_\_\_\_\_

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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

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## Miracles and Memories Academy Summer Camp Camp Weeks and Details

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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: 6/30-7/3 \_\_\_\_\_

\_\_\_\_\_ Week 2: 7/7-7/11 \_\_\_\_\_

\_\_\_\_\_ Week 3: 7/14-7/18 \_\_\_\_\_

\_\_\_\_\_ Week 4: 7/21-7/25 \_\_\_\_\_

\_\_\_\_\_ Week 5: 7/28-8/1 \_\_\_\_\_

\_\_\_\_\_ Week 6: 8/4-8/8 \_\_\_\_\_

\_\_\_\_\_ Week 7: 8/11-8/15 \_\_\_\_\_

\_\_\_\_\_ Week 8: 8/18-8/25 \_\_\_\_\_

Camper Shirt Size: \_\_\_\_\_

Social emotional  
needs \_\_\_\_\_  
\_\_\_\_\_

Communication needs \_\_\_\_\_

Behavioral Challenges \_\_\_\_\_

\_\_\_\_\_ Toileting and eating  
supports \_\_\_\_\_

