

INSPIRE LEARNING INSTITUTE
2017 S.T.E.M and Pre-Apprenticeship Summer Camp

REGISTRATION FORM

PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: _____ First Name: _____

Gender: Female Male Age: _____

School: _____

Grade attended year 2016-2017: _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Telephone: _____ cell: _____

Parent email: _____



Please list ADA Accommodations needed: _____

Mother's name: _____ Father's name: _____

Mother's day phone: _____ Father's day phone: _____

Mother's cell: _____ Father's cell: _____

Person's Authorized to pick up child: _____
(Please provide a copy of their ID)

Other Dismissal Arrangements _____

Emergency contact*: _____ Relationship: _____ Phone: _____

Specify any of your child's health problems: _____

Is your child on any medication? No Yes If so, please specify: _____

Lunch and Snacks are included in the camp fee

**SUMMER CAMP LOCATION: Community Youth Center
2241 Galaxy Court., Concord CA 94520**

Contact Information

For more information, contact Evelyn Centeno, Executive Director at 925-876-1617
Emails: evelyn@inspirelearninginstitute.com

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

DROP OFF AND PICK UP TIMES AT THE CENTER

Drop off time: 9:30 AM

Pick up time:

- 3:30PM
- A \$1 fee will be charged for every minute late after a 10 minute courtesy wait.

REQUIRES PARENT’S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian Signature _____ Date _____

Student Allergies _____

Student Medical Problems _____

Doctor _____ Phone number _____

Insurance carrier _____ Policy number _____

I hereby give permission to **Inspire Learning Institute** to photograph and/or videotape the student for educational or promotional purposes. _____ (Initial)

PARENT STATEMENT

I hereby state that (camper’s name) _____ is in good mental and physical health condition to participate in the activities provided by **Inspire Learning Institute**, including but not limited to all aspects of cheerleading, basketball, and field trips.

I agree not to hold **Inspire Learning Institute** responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **Inspire Learning Institute**, or its scheduled program and that **Inspire Learning Institute**, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature _____ Date _____

**FAX TO: 925-957-1209 or
MAIL TO: Inspire Learning Institute
957 Country Run Dr. Martinez CA 94553**