



# Spring Break Camp Registration Form

Camper Name

Date of Birth

M F  
Gender

Name of School Camper Attends

Grade Level

Parent/Guardian Name  
 (Check circle to permit this person to pick up child after class)

Parent/Guardian Name  
 (Check circle to permit this person to pick up child after class)

Home Phone  Cell Phone Work Phone

Home Phone  Cell Phone Work Phone

Email

Address

City Zip Code

## Alternative Emergency Contacts

Primary Emergency Contact  
 (Check circle to permit this person to pick up child after class)

Secondary Emergency Contact  
 (Check circle to permit this person to pick up child after class)

Home Phone  Cell Phone Work Phone

Home Phone  Cell Phone Work Phone

Address

Address

City Zip Code

City Zip Code

## Health Information

*Campers will be responsible for bringing their own lunch. Please list any allergies and special health considerations:*

Payment for the class is due in full at the first date of instruction, unless special arrangements have been made by the parent or guardian and CCE. Minimum enrollments for each class required. Classes may be cancelled or combined due to low enrollment. CCE reserves the right to make program schedule changes and will make attempts to notify parents and guardians of these changes. In signing this form, you consent that photographs, audios, and videos taken of your child during this class may be used by The Center for Creative Education (CCE) for purposes of class documentation, media coverage and promotion of CCE.

Signature of Participant or Parent/Guardian

Today's Date

## Tuition Payment

Tuition for both Spring Break Camps is \$250/week. There will be a 10% discount applied to tuition of siblings after the first child for both camps. Aftercare is available for all camps from 4:00-5:00 PM at an additional cost of \$50/week per camper.

\*There will be a non-refundable registration fee of \$50 that will be applied to the total cost of tuition.

Fill all circles that apply to your registration:

I am registering my child for the following camps:

- Capoeira Camp** for grades 2nd-6th (March 20-24)
- Superhero Camp** for grades 2nd-6th (March 20-24)
- I am also registering for aftercare (4:00-5:00 PM)

- Please apply a 10% sibling discount to this registration.

This camper's sibling is \_\_\_\_\_  
(Registration payment information must match)

### Payment Information:

- I am paying with a check submitted with this form payable to "The Center for Creative Education"
- I am paying with the credit card information provided below:

\_\_\_\_\_  
Cardholder Name (As it appears on card)

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Card Type

\_\_\_\_\_  
Expiration Date (mm/yyyy)

\_\_\_\_\_  
Three-digit card security code

### Billing Information:

\_\_\_\_\_  
Billing Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone