

REGISTRATION FORM

October 24, 2014

Drop Off/Pick up Location: HSC Main Court/SES Classroom 1

CAMP HOURS: 8:00 am- 6:00 pm

Deadline to Register: Tuesday (10/21/14) Late Fee: Additional \$10.00

Students, Faculty, Staff:\$30.00; Sibling \$20.00 (**must have ID**)**

Alumni:\$35.00; Sibling: \$25.00 (must have Alumni Card)

Community:\$40.00; Sibling \$30.00

Fee includes lunch, snack, and daily activities

*Please use a separate application for children in different household.

	NAME (print clearly)	AGE	BIRTH DATE (e.g. 03/10/1993)	GENDER		COST
Child 1						
Child 2						
Child 3						
Child 4						
					TOTAL	\$

****Employee/Student ID#**

Parent/Guardian's Name: _____

Home Ph: _____

Address: _____

Work Ph: _____

Cell Ph: _____

E-mail (please print clearly) _____

Emergency Ph: _____

Physician's Name: _____

Ph: _____

Important medical concerns we should be aware of:

(allergies, medications, health history, etc.): _____

Name of Child's Medical Insurance _____

Policy # _____

(Must provide a copy of child's insurance card)

Group # _____

Additional people authorized to pick up my child: _____

1. I understand that payment for the BUCKids Camp will be made in advance for my child participating in the program. Payments are made by check, money order, or cash payable to Barry University.
 2. I understand that it is necessary to pick my child(ren) up on time.
 3. I authorize medical treatment for my child in case of accident or illness while participating in the BUCKids Camp at Barry University.
 4. I give permission for my child to be photographed or video taped for BUCKids Camp promotions.

Parent/Guardian _____

Date _____

Print Name

Signature

Checks should be made payable to Barry University. Please deliver Registration Form and Payment to Mrs. Bradley, Barry University, 11300 NE 2nd Ave; HSC 100, Miami Shores, FL 33161

For more information, call the CRW office at 305-899-3063 or email at abradley@barry.edu

Method of Payment	Check#:	Cash Amount:	Date:
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