



PERFECTING COMMUNITY DEVELOPMENT CORPORATION

# CAMP P.E.A.C.E

A PERFECT CAMP EXPERIENCE

- Returning Parent
- New Parent

## REGISTRATION FORM

TODAY'S DATE \_\_\_\_\_

### PARENT/GUARDIAN/RESPONSIBLE ADULT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS	CITY	STATE      ZIP CODE
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER	
E-MAIL		

### ETHNIC ORIGIN

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Arab-American | <input type="checkbox"/> Asian           |
| <input type="checkbox"/> Caucasian        | <input type="checkbox"/> Hispanic      | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Other _____      |  |  |

### CAMPER INFORMATION

The following child(ren) are registered by the above documented parent/guardian/responsible adult

Completed Grade	Last Name	First Name	Birth Date	Age	T-Shirt Size	Gender	School
					<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL	<input type="checkbox"/> M <input type="checkbox"/> F	
					<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL	<input type="checkbox"/> M <input type="checkbox"/> F	
					<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL	<input type="checkbox"/> M <input type="checkbox"/> F	
					<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL	<input type="checkbox"/> M <input type="checkbox"/> F	
					<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL	<input type="checkbox"/> M <input type="checkbox"/> F	
					<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL	<input type="checkbox"/> M <input type="checkbox"/> F	
					<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL	<input type="checkbox"/> M <input type="checkbox"/> F	

*I understand that all paperwork and tuition must be complete prior to start of Camp on June 28, 2011. I understand that 50% of tuition may be refunded the first week of camp and 0% refund will be provided after the first week. All information is true to my knowledge and I have not knowingly provided any false information. I UNDERSTAND THAT CONSISTENT BEHAVIOR CHALLENGES MAY RESULT IN THE IMMEDIATE DISMISSAL OF CAMPER(S).*

\_\_\_\_\_  
PARENT/GUARDIAN/RESPONSIBLE ADULT SIGNATURE

\_\_\_\_\_  
DATE

<b>OFFICIAL USE ONLY:</b>	<input type="checkbox"/> Accepted	<input type="checkbox"/> Denied	<input type="checkbox"/> Cancelled
	Registration Paid \$ _____	Date _____	Referrals _____