

BKLA

SUMMER CAMP

REGISTRATION APPLICATION

Please complete one registration application per child. Both sides must be complete and signed for the registration to be processed.

PARTICIPANTS INFORMATION

Child's Name Last: _____ First: _____ Middle: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Work Phone: _____

Zip: _____ Home Phone: _____

Date of Birth: _____ Age: _____ Male Female

Current School (Address): _____

Grade (as of September 2022): _____

DATES AND DEADLINE

Please check the session you plan to have your child attend:

- 4 Weeks (Session 1: July 5th - July 26th)
- 4 Weeks Session 2: August 2nd - August 29th
- 6 Weeks (July 5th - August 9th)
- 8 Weeks (July 5th - August 29th)

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AGE BREAKDOWN

- Pee-Wee Patrol (Pre-K-Kindergarten)
- Mini Minions (1st-2nd Grade)
- Camp Fire Crew (3rd - 4th Grade)
- Team Titans (5th - 7th Grade)
- Senior Squad (8th-10th Grade)

TRANSPORTATION INFORMATION

Bus Service

- Yes
- No

If yes, please include full pick up address: _____

City: _____ State: _____ Zip: _____

EXTENDED DAY

- Early AM
- Late PM
- N/A



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____		
Cardholder Name (as shown on card): _____			
Card Number: _____			
Expiration Date (mm/yy): _____			
Cardholder Postal Code (from credit card billing address): _____			

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

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PARENT/GUARDIAN

I have read all the information in the camp application package. I agree to comply with all requirements and procedures of the program as stated in the camp policy. I also give permission to authorize emergency medical procedures if necessary.

Parent's or Guardian's Name (Print)

Date

Parent's or Guardian's Name (Signature)

Date