



● **Adventures Under the Sea!** ●

August 2010 Summer Camp Registration for Sharkey's

Child's Name: _____ Gender: M F DOB: _____ Age: _____
 Guardian/Parent's Name: _____ Relation to Child: _____
 Email address: _____ Phone: _____

Sign me up for your ENewsletter! ___Y ___N

Emergency Phone: _____ Additional Phone: _____
 Address: _____ City _____ State _____ Zip _____

Who will be dropping off and picking up your child from camp? (Only those persons listed on this form will be allowed to pick up your child from camp.) _____

First/Last Name: _____ Phone: _____
 First/Last Name: _____ Phone: _____

LEARNING INFORMATION

School Attending: _____ Current Grade Level: _____
 School Phone: _____ Contact Person: _____

My child has a diagnosed speech, language or learning disability or medical diagnosis: ***Yes ___ No ___**
 If **Yes**, please indicate here: _____

Do you have any concerns for your child you'd like to share with us at this time? ***Yes ___ No ___**
 If **Yes**, please indicate here: _____

Would you like for us to contact a teacher, therapist or other person who is currently or has previously worked with your child for the purposes of this camp? *Yes ___ No ___

If **Yes**, please complete the information below (by providing this information and signing the registration form you hereby authorize Sprinkled with Words, LLC to communicate with the following provider in regard to any/all necessary information about your child's camp goals and intervention):

Contact person: _____ Specialization: _____ Email: _____
 Agency/School: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip code: _____

GOALS

Learning goals my child is currently working on or I would like addressed:

1. _____
2. _____
3. _____

(Your preferences will help us determine goals to best target during your child's camp sessions.)

PHOTO RELEASE

We would like your permission to photograph or videotape your child during camp for the purposes of intervention/treatment, educational or teaching purposes, professional reasons and for advertising purposes, including, but not limited to, website, brochures, newsletters or any other Sprinkled with Words, LLC publications for display. Neither yours nor your child's last name will be used in conjunction with these pictures/videos.

____ I consent to my child being photographed and/or videotaped.
 ____ I do not consent to my child being photographed and/or videotaped.



**SESSION REGISTRATION
(Select Applicable Dates)**

Adventures Under the Sea I

Little Bites

2-4 years old T/TH 10:00-12:00pm \$100

Adventures Under the Sea II

Sous Chefs

5-9 years old T/TH 1:00-3:00pm \$100

PAYMENT INFORMATION

Person Responsible for all Fees Associated with Services:

Name: _____ Relation to Child: _____
Phone (if different): _____ Address (if different): _____

Payment Amount: _____

____ Cash
____ Check # _____ DL# _____ Bank _____ Date: _____

Make payable to Sprinkled with Words. Mail to: 7744 Northcross Drive #149 Austin, TX 78757.

____ PayPal (Go to www.sprinkledwithwords.com/adventures).

Fax registration to: 512-420-0425

Receipt will be provided after Full Payment and Paperwork has been received.

I have Read, Agreed to and Signed all necessary Sprinkled with Words, LLC camp paperwork. I accept all responsibility for camp session costs. I have been provided these costs via website and/or paperwork. I understand that I am responsible to pay for services rendered, including reasonable costs of collection and attorney's fees in the event of default.

We will also require a signed emergency medical form and policies & procedures on first day of camp.

Payor Signature: _____ **Date:** _____

For Office Use Only:					
Code Billing:	LE	Tx	SE	Ed & P	Payment Deposited Date: _____ Amount: _____